

***United States Court of Appeals
for the Second Circuit***



**APPELLANT'S
APPENDIX**

DOCKET NO. 77-6001

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

JOSE BRUNO,

Plaintiff-Appellant,

-against-

DAVID MATHEWS, Secretary of Health,
Education and Welfare,

Defendant-Appellee.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

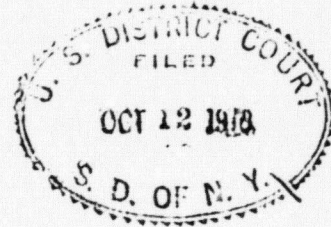
OPINION OF DISTRICT COURT
AND REPORTER'S TRANSCRIPT



EMILIO GAUTIER, ESQ.,
Project Director
BRONX LEGAL SERVICES, CORP. C.
579 Courtlandt Avenue
Bronx, New York 10451
Tel. 212-993-6250
JOHN BOWERS, ESQ., Of Counsel
Attorneys for Plaintiff-Appellant

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



-----x
JOSE BRUNO,

Plaintiff,

-against-

DAVID MATHEWS, Secretary of
Health, Education and Welfare,

Defendant.
-----x

75 Civ. 5183

A P P E A R A N C E S:

Bronx Legal Services Corp. Co.
579 Courtlandt Avenue
Bronx, New York 10451
by John Bowers, Esq.
Attorneys for Plaintiff

Hon. Robert B. Fiske, Jr.
United States Attorney for the
Southern District of New York
by Louis G. Corsi,
Assistant United States Attorney
Attorneys for Defendant

O P I N I O N

Plaintiff seeks a review of the final determination by the Secretary of Health, Education and Welfare denying his application for disability insurance benefits. Plaintiff alleges in his application that he has been unable to work since November, 1973. His application was filed on March 22, 1974, denied initially, and after an independent review, the Bureau of Disability Insurance of the Social Security Administration reached the same conclusion. At plaintiff's request, a hearing de novo was held before an administrative law judge on March 28, 1975. At that hearing plaintiff was represented by counsel, an interpreter was present and plaintiff, his wife, and a vocational expert testified. On April 9, 1975, the administrative law judge found that plaintiff was not under a disability.

The administrative law judge's findings are clear, precise and based upon an examination of the whole record. He found that plaintiff had discontinued work on July 27, 1973, because of lack of work and not due to any physical impairment. He found no evidence that plaintiff's high blood pressure which produced readings near normal on June 14 and July 29,

1974, and March 14, 1975, had created complications in the heart, brain, kidneys or eyes, a necessary prerequisite to determination of disability for hypertension. He also found that plaintiff suffered from diabetes mellitus but found no report of any resultant complications associated with a severe and disabling diabetic condition such as neuropathy, acidosis or ophthalmologic impairment. In reference to plaintiff's claim of back impairment, the administrative law judge found that plaintiff had sustained injury to his spine in 1966, and had suffered intermittent low-back pain thereafter; that he had been treated for that injury since January 30, 1974, at Hunt's Point Multi-Service Center; that on June 10, 1974, plaintiff's treating orthopedist was of the opinion that plaintiff could sit for an unlimited period of time, stand one hour and lift up to 25 pounds, forward bending and weight lifting were restricted, and that there had been no showing that plaintiff's condition had worsened since the orthopedist's opinion had been rendered.

The vocational expert testified that based on plaintiff's age, education, training, experience, and on the assumption that he could

not do any work requiring him to bend or stoop or lift more than 15 pounds, Bruno could work where he could alternate between standing and sitting. The expert testified and specified that there was a wide variety of jobs in the New York area which fitted that specification and which a claimant with plaintiff's impairment could perform.

Based on his findings and the testimony of the vocational expert, the administrative law judge concluded that plaintiff had not established that he was under a disability. The Appeals Council having considered additional evidence submitted by plaintiff, approved that decision on June 27, 1975, making the administrative law judge's determination the final decision of the Secretary.

Plaintiff moves for judgment on the pleadings. The government moves to amend its answer to correct certain inaccuracies and supply certain omissions in the transcript of the record. The government cross-moves for summary judgment. The government's motions to amend its answer and for summary judgment are granted; and plaintiff's motion for judgment on the pleadings is denied.

Discussion

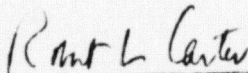
The scope of review of the Secretary's findings available to a court under 42 U.S.C. 5405(q) is limited to determining whether the findings are supported by substantial evidence. Levine v. Gardner, 360 F. 2d 727 (2d Cir. 1966). If so supported, the Secretary's findings are conclusive and cannot be disturbed. Richardson v. Perales, 402 U.S. 389 (1971). Conflicts in the evidence must be resolved by the Secretary, not by the courts. Gotshaw v. Ribicoff, 307 F. 2d 840, 845 (4th Cir. 1962), cert. denied, sub. nom Heath v. Celebrezze, 372 U.S. 945 (1963). A disabling physical impairment within the meaning of the Social Security Act must be such as to deprive the claimant of the capacity to engage in any substantial gainful activity, see, e.g., Blalock v. Richardson, 483 F. 2d 773, 775 (4th Cir. 1972), and the claimant has the burden of establishing that he has such a physical or mental impairment which has prevented him from engaging in any substantial gainful activity and that this impairment has lasted or is expected to last for a continuous period of at least twelve months. Franklin v. Secretary of HEW, 393 F. 2d 640, 642 (2d Cir. 1968).

The record does reveal that certain doctors were of the opinion that plaintiff was disabled and could not work, but the Secretary need not accept a physician's conclusions, Torres v. Secretary of HEW, 333 F. Supp. 676, 679 (D.P.R. 1971). Here, after examining all the medical evidence, it was determined that the findings of plaintiff's treating orthopedist was more reliable. Since there is substantial evidence to support that resolution of the conflicting medical opinion, it is a valid determination for the Secretary to make and cannot be disturbed. Richardson v. Perales, supra.

Accordingly, the government's motion for summary judgment must be granted.

IT IS SO ORDERED.

Dated: New York, New York
October 8, 1976



ROBERT L. CARTER
U.S.D.J.

Jose R. Bruno, Claimant and Wage Earner

Account Number 580-64-7912

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Jose R. Bruno
(Claimant/Applicant)

580-64-7912
(Social Security Number)

1

(Wage Earner)

(Leave blank in Title XVI Cases and if name is same
as above)

EXHIBITS

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>	<u>COURT Trans. Page No.</u>
1	Application for disability insurance benefits, filed 3-22-74	4	67-70
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Jose R. Bruno

(Claimant/Applicant)

580-64-7912

(Social Security Number)

2

(Wage Earner)

(Leave blank in Title XVI Cases and if name is same as above)

EXHIBITS

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>	<u>COURT Trans. Page No.</u>
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17	Report from Hunts Point Multi-Service Center	20	111-130
18	Letter dated 03-03-75 from the Administrative Law Judge to Dr. Sidney Fishman	1	131
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Jose Bruno
(Claimant)

580-64-7912
(Social Security Number)

(Wage Earner) (Leave Blank if Same As Above)

AC EXHIBIT LIST

Exhibit No.

DESCRIPTION

Court TRANSCRIPT
PAGE NO.

AC-1

Letter dated 04/03/75 from
Staff Attorney, John Bowers

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

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BUREAU OF
HEARINGS AND APPEALS

REFER TO

IHA-2
580-64-7912

4 SEP 1975

ORDER OF APPEALS COUNCIL EXTENDING TIME TO FILE CIVIL ACTION

Mr. Robert Hayes
Attorney at Law
Bronx Legal Services Corporation C.
Hunts Point Office
579 Courtlandt Avenue
Bronx, New York 10451

Dear Mr. Hayes:

Re: Mr. Jose Bruno, 943 Bruckner Boulevard, Bronx, New York 10459

This will acknowledge receipt of your letter of July 31, 1975, requesting an extension of time within which to commence a civil action in Mr. Bruno's case. The Appeals Council grants your request. The time within which to commence a civil action in the United States Court for the purpose of reviewing the decision of April 9, 1975, is hereby extended to and including October 27, 1975. However, further extensions will be granted only upon a strong showing of cause.

Sincerely yours,

Joseph E. Doneghy
Member, Appeals Council

cc:
Mr. Jose Bruno

BRONX LEGAL SERVICES CORPORATION C.



HUNTS POINT OFFICE
579 COURTLANDT AVENUE
BRONX, N.Y. 10451
(212) 993-6250

NICHOLAS FIGUEORA, ESQ.
CHAIRPERSON

DONALD GRAJALES
PROJECT DIRECTOR
MICHAEL C. FAHEY
MANAGING ATTORNEY

July 31, 1975

Mr. Joseph E. Doneghy
Appeals Council
Department of H.E.W.
P.O. Box 2518
Washington, D.C. 20013

580-64-7912

RE: JOSE BRUNO

Dear Mr. Doneghy:

We received your letter of the 27th informing Mr. Bruno of your unfavorable decision.

John Bowers, Mr. Bruno's attorney is on a leave from this office until September. He will need time to evaluate your decision and this case and to prepare the necessary papers should he so decide. Therefore, please extend Mr. Bruno would you please extend the time to commence a civil action(pursuant to 42 U.S.C. 405(g)) to October 31, 1975.

In light of the heavy work load John has this extension will be much appreciated. Thank you for your consideration.

I am

Sincerely yours,

Robert Hayes

Robert Hayes

RH/clj



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

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BUREAU OF
HEARINGS AND APPEALS

REFER TO: IHA-2
580-64-7912

JUN 27 1975

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mr. Jose Bruno
943 Bruckner Boulevard
Bronx, New York 10459

Dear Mr. Bruno:

Your request for review of the decision in your case has been carefully considered by the Appeals Council. The Council's consideration of your request encompassed all the evidence in your case, including a report dated February 27, 1975, from Jose A. Rivero, M.D., and a letter dated April 3, 1975, from John Bowers, Attorney at Law. Consideration was also given the law and regulations applicable to your claim, the evaluation of the facts and the reasoning in this decision, and your reasons for believing your claim should be allowed.

The Appeals Council has decided that the decision is correct. Further action by the Council would not, therefore, result in any change which would benefit you. Accordingly, the hearing decision stands as the final decision of the Secretary in your case. The additional evidence received in connection with the request for review of the hearing decision has been considered by the Appeals Council.

If you desire a court review of the hearing decision, you may commence a civil action, within sixty (60) days from the date of this letter, in the district court of the United States in the judicial district in which you reside. See section 205(g) of the Social Security Act, as amended (42 U.S.C. 405(g)), and section 422.210 of Social Security Administration Regulations No. 22 (20 CFR 422.210).

If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant. Also, please include your social security number in the Bill of Complaint.

Sincerely yours,

Joseph E. Doneghy
Member, Appeals Council

cc:
Mr. John Bowers
Attorney at Law
Bronx, New York 10451

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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

ORDER OF APPEALS COUNCIL

In the case of

Jose Bruno

(Claimant)

(Wage Earner) (Leave blank if same as above)

Claim for

Period of Disability and
Disability Insurance Benefits

580-64-7912

(Social Security Number)

Evidence in addition to that which was before the administrative law judge has been received by the Appeals Council and is hereby made a part of the record. That evidence consists of the following exhibit:

Exhibit AC-1: Letter, Dated April 3, 1975 from
Staff Attorney, John Bowers.

APPEALS COUNCIL

Joseph E. Doneghy
Joseph E. Doneghy, Member

Date: June 25, 1975

FORM HA-517

(11-68)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Take or mail original and all copies to your local social security office:

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CLAIMANT JOSE BRUNO	CLAIM FOR ☒ Entitlement to Disability Benefits ☐ Continuance of Disability Benefits ☐ Other (Specify) _____
WAGE EARNER (Leave blank if same as above)	
SOCIAL SECURITY NUMBER 580-64-7912	
SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)	☐ Supplemental Security Income ☐ Continuance of Supplemental Security Income
I disagree with the action taken on of the Bureau of Hearings and Appeals. My disagreement are: SEE ACCOMPANYING LETTER	

Attach to this form, or forward within 10 days to the Appeals Council at the address checked below, any evidence you wish to submit.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)	
SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <i>John Bowers</i> ☒ ATTORNEY ☐ NON-ATTORNEY	CLAIMANT'S SIGNATURE
STREET ADDRESS Bronx Legal Services 579 Courtlandt Avenue	STREET ADDRESS 943 Bruckner Boulevard
CITY, STATE, AND ZIP CODE Bronx, New York 10451	CITY, STATE, AND ZIP CODE Bronx, New York 10459
TELEPHONE NUMBER (212) 993-6250	TELEPHONE NUMBER (212) 329-1414
DATE April 17, 1975	
Claimant should not fill in below this line	

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

Is this request filed timely? ☒ Yes ☐ No If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in Social Security Office.
☐ Evidence Attached ☐ Evidence will be submitted _____
(describe type of evidence)

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Request for Review of Hearing Decision/Order in this case was filed on _____ at _____
The APPEALS COUNCIL will notify you of its action on your request.

☒ Appeals Council
Bureau of Hearings and Appeals, SSA
P.O. Box 2518
Washington, D.C. 20013

☐ Appeals Council
Bureau of Hearings and Appeals, SSA

For the Social Security Administration		
BY (Signature) <i>E. Katz</i>		
(Title) CR		
(Street Address) 151 E. 151 Street		
(City) Bronx	(State) NY	(ZIP Code) 10451

APPEALS COUNCIL

BRONX LEGAL SERVICES CORPORATION C.

HUNTS POINT OFFICE
579 COURTLANDT AVENUE
BRONX, N. Y. 10451
(212) 993-6250

DONALD GRAJALES, ESQ.
PROJECT DIRECTOR

MICHAEL FAHEY
ACTING MANAGING ATTORNEY

April 23, 1975

Social Security Administration
S. Bronx District Office
151 E. 151st Street
Bronx, New York 10451

Appeals Council
Bureau of Hearings and Appeals
Social Security Administration

RE: Appeal of Jose Bruno,
Claimant
580-64-7912

Gentlemen:

Claimant urges that the hearing decision which affirmed the initial rejection of his claim for benefits be reversed for the following reasons:

A. The Law Judge declined to admit into evidence two documents of patent evidentiary value submitted by claimant:

1. X-ray report of Jose A. Rivero, M.D., dated February 27, 1975. (*see exhibit 19*)
2. Letter of John Bowers, attorney for claimant, setting forth proposed findings of fact and arguments therefore, dated April 3, 1975. (*see exhibit HC-1*)

Copies of aforementioned documents are enclosed.

B. The Law Judge's finding, at page 4 of his decision, of "the lack of any reported worsening of claimant's condition" is directly contradicted by the prognostic statement of Serafin Izquierdo, M.D., dated March 11, 1975, (Exhibit # 19) that "Mr. Bruno will progressively get worse."

C. The Law Judge's finding, at page 5 of his decision that claimant's assertions of pain were invalid due to insufficient medical evidence simply ignores the overwhelming quantity of such evidence in claimant's medical record (Exhibits #17 and 20). Among the frequent entries

Page two

therein which substantiate claimant's assertions of pain are the following:

1. 2/28/74: "(illegible) pain in T-L spine with radiation to neck and lumbar area into left leg" (Dr. Wise).
2. 3/18/74: Pain in left flank area and left leg."
3. 4/29/74: "have some increased pain occasionally sharp radiating into neck."
4. 10/29/74: "Still having low back pain for past several days;"
5. 10/31/74: "Same complaint of low back pain...low back pain even with bed rest."
6. 2/4/75: "Still with low back pain."

The Law Judge evidently intends to disregard all subjective reports of symptoms by the claimant that are not supported by clinical evidence. Even if there were no such evidence as that cited above, such a position would represent reversible error. See Hunneycutt v. Gardner, 282 F. Supp. 405 (1968).

D. The Law Judge, at page 4 of his decision quotes selectively from an X-ray report in claimant's medical record. (Exhibit #17) in such a manner as to minimize and thus distort the nature of claimant's back condition. The report in question, dated July 30, 1974, is quoted as indicating "a marked narrowing of the T12-L1 disc space." However, the report also contains a finding of "compression deformity of the anterior portion of the body of L1 most probably as result of old compression fracture." See also identical finding in enclosed X-ray report of Dr. Rivero.

E. In making and acting upon the determination that the testimony of a vocational expert was necessary to sustain the initial rejection of claimant's application for benefits the Law Judge disclosed his lack of impartiality which in turn deprived claimant of a fair hearing.

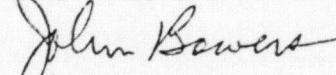
F. The testimony of the vocational expert, adopted by the Law Judge in his decision, was given in response to hypothetical questions posed by the Law Judge which erroneously

Page three

disregarded pain and discomfort of plaintiff, and was thus irrelevant to the condition of the plaintiff and to suitability of employment for him. See Gray v. Secretary of HEW, 421 F2d 638 (1970) and Haskins v. Finch, 307 F. Supp 1272 (1969).

For all of the foregoing reasons claimant respectfully requests that the hearing decision be reversed and the claimant declared eligible for the benefits for which he has applied.

Very truly yours,



John Bowers,
Staff Attorney

Enclosure:
JB/clj

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

12

To: • Mr. Jose R. Bruno
943 Bruckner Blvd. Apt. 4D
Bronx, New York 10459

NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision ~~of the hearing examiner~~, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest office of the Social Security Administration, or you may file the request for review with the hearing ~~examiner~~ office, or with the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205 (g) and 1869 (b) of the Social Security Act.

This notice and enclosed copy of ~~hearing~~
~~examiner's~~ decision mailed to the claimant on
April 9, 1975

CC:

Name and Address of Representative:

Mr. John Bowers, Staff Attorney
Bronx Legal Services
579 Courtlandt Avenue
Bronx, New York 10451

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

13

HEARING DECISION

In the case of

Jose R. Bruno

(Claimant)

(Wage Earner) (Leave blank if same as above)

Claim for

Period of Disability and
Disability Insurance Benefits

580-64-7912

(Social Security Number)

This case is before the administrative law judge on a request for hearing filed by the claimant.

ISSUES

The general issues before the administrative law judge are whether the claimant is entitled to a period of disability and to disability insurance benefits under sections 216(i) and 223, respectively, of the Social Security Act, as amended. The specific issues are whether the claimant was under a "disability," as defined in the Act and, if so, when such "disability" commenced and the duration thereof; and whether the special earnings requirements of the Act are met for the purpose of entitlement.

LAW AND REGULATIONS

Section 216(i) of the Social Security Act provides for the establishment of a period of disability, and section 223 of the Act provides for the payment of disability insurance benefits where the requirements specified therein are met.

Section 223(d)(1) of the Social Security Act defines disability (except for certain cases of blindness) as the "inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Section 223(d)(2)(A) further provides that "an individual (except a widow, surviving divorced wife, or widower for purposes of section 202(e) or (f)) shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual), 'work which exists in the national economy' means work which exists in significant numbers either in the region where such individual lives or in several regions of the country."

Section 223(d)(3) further states "For purposes of this subsection, a 'physical or mental impairment' is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques."

Section 404.1524(c) of Social Security Administration Regulation No. 4 states, in part, that the "evidence shall also describe the individual's capacity to perform significant functions such as the capacity to sit, stand, or move about, travel, handle objects, hear or speak, and, in cases of mental impairment, the ability to reason or to make occupational, personal, or social adjustments."

EVIDENCE CONSIDERED

The administrative law judge has carefully considered all the testimony at the hearing, the arguments made and the documentary evidence described in the List of Exhibits attached to this decision.

EVALUATION OF THE EVIDENCE

At a hearing held on March 28, 1975, the claimant had a number of complaints with respect to his impairments and the resulting dysfunctions. A distinction must be made between complaints and an impairment that results from an abnormality which is demonstrable by medically acceptable clinical and laboratory diagnostic techniques. For example,

the claimant testified that he has had headaches "almost all the time" since 1973 whereas exhibit 17, under the date of July 29, 1974, discloses that he has occasional headaches and then only at night and they last but a few minutes. It is obvious that the medical evidence must be examined in order to determine the impairments which the claimant has and the severity thereof.

At the hearing, the claimant testified that he was born on August 19, 1940 in Puerto Rico where he had one year of schooling. In addition to working as a laborer on a sugar cane plantation, the claimant operated heavy machinery used in the construction of roads. He left Puerto Rico in September 1968 for New York City where he soon obtained employment as a fork lift operator in a factory and warehouse. He worked at this for some five years until July 27, 1973 when he was laid off due to a lack of work. Thereafter, he received unemployment insurance benefits for a number of weeks.

The claimant alleges disability from November 1973 due to a back condition, high blood pressure and diabetes mellitus (exhibit 9). The record (exhibit 7) shows that he met the special earnings requirements for disability purposes in November 1973 and that he continues to meet them through the date of this decision.

Insofar as the high blood pressure is concerned, a diagnosis of essential hypertension has been made by his treating physician (exhibits 17 and 20). Although elevated readings were reported during the early days of treatment, the claimant's blood pressure was near normal on June 14, 1974, July 29, 1974 and March 14, 1975 when the readings were 140/90, 140/90 and 130/90, respectively. Be that as it may, Subpart P of Social Security Administration Regulations No. 4 contains a Listing of Impairments setting forth criteria for allowing benefits based on disability. Section 4.00 thereof concerns the cardiovascular system. It provides that hypertensive vascular disease produces disability "when it causes complication in one or more of the four main end organs; i.e., the heart, the brain, the kidneys, and the eyes (retinas)." There is no evidence whatever that any of these organs are impaired. As a result, the administrative law judge finds that the claimant's high blood pressure has never been severe enough to prevent him from working.

Of greater significance than the hypertension is the diagnosis of diabetes mellitus. It was stated to be under control in November 1973 (exhibit 10), out of control on October 11, 1974 (exhibit 17) and under moderate control on April 2, 1975 (exhibit 20). None of the complications associated with a severe condition of diabetes mellitus such as neuropathy, acidosis or ophthalmologic impairment, has been reported. Consequently, the administrative law judge finds that the claimant's diabetes mellitus has not prevented him from performing substantial gainful activity.

The final impairment concerns the claimant's back for which he has been treated at the Hunt's Point Multi-Service Center since January 30, 1974. He gave a history of an injury to the lumbosacral spine in 1966 since which time he has had intermittent low back pain. Physical examination, including the bones and joints, was essentially negative. An x-ray of the lumbosacral spine showed marked narrowing of the T12-L1 disc space (exhibit 17). His treating orthopedist submitted a diagnosis of healed compression fracture at T12-L1. It was his opinion that the claimant could sit for an unlimited period of time, stand one hour and lift up to 25 pounds. Forward bending and weight lifting were restricted (exhibit 11). This opinion was expressed on June 10, 1974. Despite the fact that the records from the Hunts Point Multi-Service Center do not show a worsening of the back condition, an internist there, on December 10, 1974, stated that the claimant was unable to sit for any long period of time (exhibit 15). This opinion has been considered by the administrative law judge but it is not accepted by him in view of the opinion of the orthopedist on June 10, 1974 and the lack of any reported worsening of the claimant's condition in the intervening time.

The administrative law judge believes that the medical evidence shows that the claimant experiences back pain from time to time but not of any greater frequency or severity than that experienced by him from 1966 to July 27, 1973 during which time he operated heavy machinery on road construction and a fork lift in a factory and a warehouse. The administrative law judge also believes that the claimant is physically unable to lift objects in excess of 25 pounds, to bend more than a few degrees and to stand more than one hour at a time. However, the undersigned further believes that the claimant can sit for an unlimited period of time as long as he has an opportunity to stand from time to time to relieve any discomfort he might feel in his back.

A vocational expert testified at the hearing at the request of the administrative law judge. He was asked whether or not the claimant could work at any job based on his age, education, training and work experience as well as the hypothesis that his back impairment required him to alternate the sitting and standing positions at will, prevented him from doing any work requiring bending or stooping, and prevented him from lifting more than 15 pounds. It was his opinion that the claimant could perform the duties of many positions available in the New York City area in the footwear, toys and games, belts and handbags, pharmaceuticals, small metal products, electrical products, costume jewelry and automobile accessories industries. He specifically mentioned such jobs as (1) assembler of small products, (2) assembler of electrical products, (3) packer, (4) trimmer, (5) paster, (6) solderer-assembler, (7) punch press operator, (8) drill press operator, (9) stapling machine operator, (10) crimping machine operator, (11) eyelet machine operator, (12) grinder-polisher and (13) inspector. The validity of his opinions, based on the foregoing assumption, was not successfully controverted and they are adopted by the administrative law judge.

The vocational expert also testified that the claimant would be unemployable based on the assumption that his complaints, especially of pain, were supported by the evidence of record. The administrative law judge agrees with this conclusion but finds that the medical evidence would not support a finding that the claimant's complaints are valid.

FINDINGS

After careful consideration of the entire record, the administrative law judge makes the following findings:

1. The claimant met the special earnings requirements for disability purposes in November 1973, the alleged onset time of disability, and he continues to meet them at least through the date of this decision.
2. The claimant testified that he is 34 years of age, that he completed one year of schooling and that he has worked as an operator of heavy road construction machinery and as an operator of a fork lift.
3. The evidence establishes that the claimant sustained a compression fracture at T12-L1 in 1966 and that he worked at the foregoing mentioned jobs subsequent to that time.

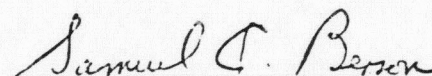
4. The claimant discontinued working on July 27, 1973 because of the lack of work and not because of any impairment.

5. The claimant was not prevented by his impairments from engaging in substantial gainful activity, on or before the date of this decision, for any continuous period which has lasted or could be expected to last for at least 12 months.

6. The claimant was not under a "disability," as defined in the Social Security Act, at any time on or before the date of this decision.

DECISION

It is the decision of the administrative law judge that, based on the application filed on March 22, 1974, the claimant is not entitled to the disability benefits provided by sections 216(i) and 223 of the Social Security Act, as amended.


Samuel C. Berson
Administrative Law Judge

Date: April 9, 1975

BRONX LEGAL SERVICES CORPORATION C.

HUNTS POINT OFFICE
579 COURTLANDT AVENUE
BRONX, N. Y. 10451
(212) 993-6250

19

DONALD GRAJALES, ESQ.
PROJECT DIRECTOR

MICHAEL FAHEY
ACTING MANAGING ATTORNEY

April 3, 1975

Samuel C. Berson
Administrative Law Judge
26 Federal Plaza, Room 3138
New York, New York 10007

RE: Claim of Jose Bruno

Dear Judge Berson:

(See exhibit 20)

Enclosed is a medical evaluation of the claimant by Dr. Theodore Romana, and sheets from his medical record that have been added since it was furnished to your office.

The evidence before you in this claim dictates the conclusion that the claimant's back condition is disabling within the definition of federal law. Dr. Fishman's testimony that the use of a high stool would enable the claimant to work is, given the height of conveyor belts or other working areas involved, incompatible with the hypothetical condition that the claimant not be required to perform bending movements. Moreover, the hypothetical condition that the claimant be allowed to alternate sitting and standing positions was contradicted by Dr. Fishman's concession that periods of standing would be limited to regularly scheduled breaks in the work day.

Thank you for your cooperation in receiving this post hearing evidence.

Very truly yours,

John Bowers

John Bowers,
Staff Attorney

Enclosure:
JB/clj

BUREAU OF HEARINGS AND APPEALS
REPORT FOR THE FILE

Date of Report March 13, 1975

20

SUBJECT (Complete this section if other than personal contact or telephone contact)

Claimant's Name and SSN (Complete this section if report refers to a particular case.)

Jose Bruno

580-64-7912

(Claimant's name)

(Social Security Number)

Personal or Telephone Contact (Complete this section if this is a report of personal or telephone contact--insert name of person contacted where appropriate.)

Date of Contact 03-13-75 (X) Personal Contact () Phone Call

(Insert phone number)

() A	() PC	() Claimant
() DO	() AC	(X) Representative
() BDI	() RHR	() Congressman
() BHI	() HE	() Other

REPORT: (SIGN FULL NAME AT END OF REPORT.)

Attorney John Bowers of Bronx Legal Services
called at office to review documents. The
exhibit folder was made available to him.

Mildred James
Mildred James
H/A

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

21

NOTICE BY ATTORNEY OF APPOINTMENT AS REPRESENTATIVE

I have been appointed by Jose Bruno
(Claimant)

to act as (his) ~~her~~ representative with respect to (his) ~~her~~ claim under the Social Security Act and/or the Black Lung Benefits Act based on the earnings record of

Jose Bruno 580-64-7912
(Wage Earner) (Social Security Number)

I am authorized to obtain from the Administration information concerning this claim; and it is understood that any notice or request sent to me shall have the same force and effect as if sent to the above claimant.

I am in good standing in the courts in which I have been admitted to practice law.

John Bowers
(Signature of Attorney)

Bronx Legal Services
(Type or Print Name of Attorney)

579 Courtlandt Avenue
(Address)

Bronx, New York 10451

993-6250
(Telephone Number)

March 13, 1975
(Date)

(SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON REGULATIONS PERTAINING TO FEES
FOR SERVICES TO A PARTY AND INFORMATION ON CONFLICT OF INTEREST)

FEEES FOR SERVICES OF ATTORNEY

22

The rules governing fees for the representation of claimants appear in sections 404.971 through 404.977(a) of Social Security Administration Regulations No. 4 (20 CFR 404.971 - 404.977(a)) and sections 410.685 through 410.686e of Social Security Administration Regulations No. 10 (37 F.R. 17707, August 31, 1972). In summary, the regulations provide that:

An attorney desiring to charge and receive a fee for services rendered for an individual in any proceeding before the Administration under titles II or XVIII of the Social Security Act or under title IV of the Federal Coal Mine Health and Safety Act, as amended, must file a written petition to obtain approval of such fee. The petition must contain, in addition to other specific information, an itemization of the services rendered and the time expended as set forth in §404.976(a) and §410.686c(a). The amount of the fee, if any, will be determined on the basis of the various factors described in §404.976(b) and §410.686c(b) by an authorized official of the appropriate component of the Administration where the attorney's services were concluded, and no fee shall be charged or received which is in excess of the amount approved. This rule is applicable whether the fee is charged to or received from a party to the proceeding or someone else (§404.975 and §410.686b).

* * * * *

The attorney should maintain an itemized record of his services rendered and the time expended in any social security case or black lung case he handles. This will facilitate the preparation of the required petition.

Printed petition forms, which provide for the inclusion of all the required information, are available upon request from social security offices, hearing offices, or the Bureau of Hearings and Appeals, Social Security Administration, P.O. Box 2518, Washington, D.C., 20013.

Section 206(a) of the Social Security Act provides:

"* * * Any person * * * who shall knowingly charge or collect directly or indirectly any fee in excess of the maximum fee, or make any agreement directly or indirectly to charge or collect any fee in excess of the maximum fee, prescribed by the Secretary shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500 or by imprisonment not exceeding one year, or both."

Section 413(b) of the Federal Coal Mine Health and Safety Act, as amended, and section 1872 of the Social Security Act provide that section 206(a) applies to black lung and medicare claims, respectively.

CONFLICT OF INTEREST

Sections 203, 205 and 207 of Title 18 of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States.

AMENDED NOTICE OF HEARING

In the case of

Claim for

Jose Bruno
(Claimant)

Period of Disability and
Disability Insurance Benefits

(Wage Earner) (Leave blank if same as above)

580-64-7912

(Social Security Number)

TO: Mr. Jose Bruno
943 Bruckner Boulevard, Apt. 4D
Bronx, New York 10459

The hearing in this case which was scheduled for February 24, 1975 will be
(Date)

held instead on the 28th day of March 1975 at 9:30 a.m. clock in

room 3133 of Federal Building, 26 Federal Plaza
(Number and Street)

New York
(City)

New York
(State)

IMPORTANT—Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

Hemos hecho arreglos para que un interprete de Espanol este presente durante la vista.

Administrative Law Judge

Mail Address

Date

Telephone Number

March 3, 1975

cc: Representative (Name and Address)

Samuel C. Berson, Administrative Law Judge
26 Federal Plaza, Room 3133
New York, New York 10007

Social Security Office (Address)

151 E. 151 Street, Bronx, New York 10451
Enclosure

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE OF HEARING

In case of

Claim For

24

Jose R. Bruno

(Claimant - Wage Earner)

Period of Disability and

Disability Insurance Benefits

580-64-7912

(Social Security Number)

TO: Mr. Jose R. Bruno
943 Bruckner Boulevard, Apt. 4D
Bronx, New York 10459

Pursuant to your written request and provisions of section 205(b) of the Social Security Act, a hearing will be held by the undersigned, an Administrative Law Judge of the Bureau of Hearings and Appeals, on the 24th a.m. day of February 1975 at 9:30 o'clock in Room 3133 of Federal Building, 26 Federal Plaza (Foley Sq.), New York, New York.
(Number and Street) (City) (State)

The general issues to be determined are whether you are entitled to a period of disability under section 216(i) and to disability insurance benefits under section 223(a).

The specific issues to be decided are: (1) Whether you have the required insured status under the law; and if so, as of what date(s); (2) The nature and extent of your impairments; (3) Whether your impairment has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death; (4) Your ability to engage in substantial gainful activity since your impairment began; (5) When your disability, if any, began.

This hearing involves your application(s) filed on March 22, 1974.
(Date)

You should be prepared to prove that you were under a disability on or before February 24, 1975.
(Date)

It may be in your interest to have your physicians appear at the hearing to testify on your behalf. Be prepared to furnish: your entire work history, including names of employers, dates of employment and a description of duties performed; schools and training; names of physicians who have examined or treated you; and periods of hospitalization with names of hospitals.

REMARKS: You are invited to examine the documents in your case before the time set for the hearing.

Arrangements have been made to have a vocational expert at the hearing.

IMPORTANT-Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

Administrative Law Judge

Samuel C. Berson

Date

Telephone Number

January 24, 1975

264-3811

cc. Representative (Name and Address)

Mail Address

Samuel C. Berson, Administrative Law Judge
26 Federal Plaza, Room 3133
New York, New York 10007

District Office (Address)

151 E. 151 Street

Bronx, New York

10451

Enclosure

READ THE OTHER SIDE OF THIS NOTICE FOR FURTHER INFORMATION REGARDING YOUR HEARING

IMPORTANT INFORMATION

What is Meant by "Disability"

To be found under a "disability", an individual must be unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death. The impairment must be so severe as to prevent the individual from engaging not only in his usual work, but, considering his age, education, previous training and work experience, in any other kind of substantial gainful work which exists in significant numbers either in the region in which he lives or in several regions of the country.

Appearance At Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Administrative Law Judge promptly and give your reasons. Also indicate the earliest date after which your case can be re-scheduled for hearing.

Conduct of Hearing

The law places on you the burden of submitting evidence to support your claim. Bring to the hearing all evidence already presented in your case.

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the hearing office.

At the hearing the Administrative Law Judge will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in writing.

Representation

While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice, if you desire assistance in presenting your case. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your attorney upon approval of his fee. If the approved fee is less than the 25 percent withheld, the difference will be paid directly to you. If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between you and him.

If you have any other questions, your local Social Security office will be glad to help you.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

26

BUREAU OF
HEARINGS AND APPEALS

REFER TO

Oct. 3, 1974

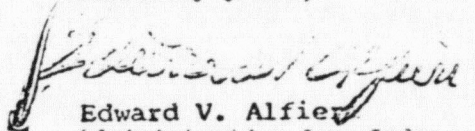
Jose R. Bruno
943 Bruckner Blvd. #4D
Bronx, New York 10459

Dear Sir:

We have received your request for a hearing on your social security claim. Because of the number of hearing requests that are pending in this office, there may be some delay before your hearing can be held. However, you may be sure that it will be held as soon as possible.

You will be notified of the time and place of the hearing.

Sincerely yours,



Edward V. Alfieri
Administrative Law Judge

REQUEST FOR HEARING

Take or mail original and all copies to your local Social Security office.

27

CLAIMANT'S NAME

Jose R. Bruno
WAGE EARNER'S NAME (Leave blank if same as above)

580-64-7912
SOCIAL SECURITY NUMBER

CLAIM FOR

(CIRCLE TYPE OF CLAIM)

☒ Entitlement to Disability Benefits ☒ DIB ☐ DWB ☐ CDB

☐ Continuance of Disability Benefits ☐ DIB ☐ DWB ☐ CDB

☐ Other _____
(Specify type of claim)

I disagree with the determination made on the above claim and request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. My reasons for disagreement are:

I don't feel I am in proper condition to do any work.

Check one of the following:

- ☒ I have additional evidence to submit.
(Attach such evidence to this form or forward to the Social Security Office within 10 days.)
☐ I have no additional evidence to submit.

Check ONLY ONE of the statements below.

- ☒ I wish to appear in person before the hearing examiner.
☐ I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or representative should sign. Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696.)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE

CLAIMANT'S SIGNATURE

ADDRESS

ADDRESS

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE

TELEPHONE NUMBER

DATE

TELEPHONE NUMBER

Claimant should not fill in below this line

Is this request filed within 6 months of the reconsideration determination?

☒ Yes

☐ No

If "No" is checked, (1) attach claimant's explanation for delay, (2) attach any pertinent letter, material, or information in the Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on 9/17/74 at South PX, SSA, District Office.
The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

Hearing Examiner Copy	TO	26 Federal Plaza, NY, NY
	☒ Hearing Examiner	
	TO	
	☐ Hearing Examiner	(Claims involving disability, retirement, survivor, all foreign claims and questions of entitlement to health insurance.)
Claim File Copy	Claim File(s)	Requested by Teletype
	to	(Location)
	☐ CWAB (BDP)	
	Interpreter Needed	Spanish

For the Social Security Administration

By: Jose A. Velazquez CRT
(Signature) (Title)
151 E 151 St
(Street Address)
Bronx, N.Y., 10451
(City) (State) (ZIP Code)

Servicing District Office Code 112

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

28

TRANSCRIPT

In the case of

Claim for

Mr. Jose Bruno

Disability Insurance

(Claimant)

580-64-7912

(Wage Earner) (Leave
blank if same as above.)

(Social Security Number)

Hearing Held

at

New York City, New York

on

March 28, 1975

APPEARANCES:

Mr. Jose Bruno, claimant

Mrs. Isabelle Bruno, wife

Alfred Agresti, interpreter

Dr. Sidney Fishman, vocational expert

Samuel C. Berson
Hearing Examiner

Mildred James
Hearing Assistant

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6	Testimony of Dr. Fishman	Commencing p. 20
7	Testimony of Mrs. Bruno	Commencing p. 32
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(The following is a transcript of the hearing held before Samuel C. Berson, an Administrative Law Judge of the Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education and Welfare, on March 28, 1975 at New York, New York, in the Case of Jose Bruno, based on his own hearings record, social security account number 580-64-7912. Let the record show that the claimant Mr. Jose Bruno, his attorney Mr. John Fowers of the Bronx Legal Services, his wife Mrs. Isabelle Bruno, a Vocational Expert Dr. Sidney Fishman and a Spanish language Interpreter Mr. Alfred Agresti are present.)

(The hearing commenced at 9:45 A. M., on March 28, 1975.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE

Mr. Agresti will you please rise and take the oath? Do you solemnly swear that you will to the best of your ability, interpret from English into Spanish and from Spanish into English what is said here this morning, so help you God?

Mr. Agresti: I do

Please be seated. Mr. Bruno, before we begin to take testimony in your case, there are a few things I would like to tell you about this type of hearing. The purpose of the hearing is to make certain that a claimant who has received unfavorable determination from the Bureau of Disability Insurance has a opportunity to present his case to a person who has had no previous contact with the case. I am not an employee of that Bureau nor do I represent it. I am an Administrative Law Judge with the Bureau of Hearings and Appeals. I will make a new and independent decision based on the record made before me. That record will consist

1 of the testimony that is received here today and any docum-
2 ents that are received in evidence. The procedure here
3 will be for me and your attorney to ask you certain questio-
4 which you will answer. Your testimony will be taken under
5 oath and a record made on a tape. When you testify, you
6 should answer the questions directly and truthfully. If
7 you do not understand the question, ask that it be repeated
8 or clarified. If you do not know the answer to a question,
9 do not guess, say you don't know. After the questioning,
10 I will give you an opportunity to tell us anything else that
11 you think we should know. My first knowledge of your case
12 came after you filed your request for a hearing. At that
13 time the folder in your case was sent to me. That folder
14 contains the various documents which have been gathered up
15 for the present time and the determination made by the
16 Bureau of Disability Insurance. I went through the folder
17 and marked those papers which I thought were important
18 in connection with your case. A list of those papers was
19 made. Now your attorney was here sometime last week and
20 he saw the list and he examined the papers. Is that true
21 Mr. Bowers?

21 Mr. Bowers: Yes it is

22 Mr. Bowers do you have any objections to the
23 admission of evidence any of those documents?

24 Mr. Bowers: No sir

25 In the absence of any objections of the documents set forth

1 on the list of exhibits will be received in evidence as
2 exhibits 1-18 inclusive. Mr. Bowers an examination of
3 some of these documents show what has happened with Mr.
4 Bruno's application up to this point. At this time I will
5 briefly summarize what I think the facts are in this
6 case and when I finished I will ask if my summarization
7 is substantially correct.

8 The record shows that on March 22, 1974 Mr.
9 Bruno filed an application for disability benefits under
10 the provisions of the Social Security Act, alleging
11 he became unable to work because of diabetes and a back
12 injury, effective July 27, 1973. Later on he said that he
13 became disabled in November 1973, that he was laid off
14 of his job July 27, 1973. The Bureau of Disability Insurance
15 of the Social Security Administration notified him initially
16 and after reconsideration of the disallowance of his claim,
17 on the ground of the evidence in the record was insufficient
18 to prove that he was unable to engage in any substantial
19 gainful work due to a medical condition which has lasted
20 for a continuous period of at least 12 months. He was
21 dissatisfied with that Bureau's determinations and he requested
22 a hearing which brings it up to this moment. Mr. Bowers
23 is that correct?

24 Mr. Bowers: Yes sir, I believe the second
25 chronology which in respect to Mr. Bruno's cessation of
work is the correct one. In other words, he was laid off

1 in July of "73", attempting to resume work subsequent to
2 that and then finally ceased working altogether because
3 of his disability in November 1973.

4 ADMINISTRATIVE LAW JUDGE : Thank you. Mr.
5 Bowers, the issues before me are those set forth in the
6 notice of hearing I mailed Mr. Bruno on January 24, 1975.
7 Did he show you the copy of that notice?

8 Mr. Bowers: Yes, I believe I have that. I'm
9 sorry I don't. I only have the amended notice of the hearing
10 but I believe this is the standard form notice.

11 ADMINISTRATIVE LAW JUDGE: Is that a disability
12 form?

13 Mr. Bowers: Yes I've seen this numerous times
14 before.

15 ADMINISTRATIVE LAW JUDGE: Have you appeared
16 at a hearing where a Vocational Expert has been present?

17 Mr. Bowers: No sir, this is the first.

18 ADMINISTRATIVE LAW JUDGE: All right, I'll
19 explain it to you, about the gentleman I introduced to
20 you before this hearing started. The Bureau of Hearing
21 and Appeals maintains a list of a number of qualified
22 Vocational Experts, experienced in the field of Vocational
23 Counseling. Dr. Fishman is one of the experts on this
24 panel.. He is not an employee of the U.S. Government.
25 Now I have sent him all of the exhibits which have been

1 received in evidence and he will listen to the testimony
2 at this hearing. I will then ask him to testify and based
3 on a hypothetical question Dr. Fishman will express an
4 opinion whether or not Mr. Bruno has been able to work de-
5 spite his impairments. And Dr. Fishman will be asked to
6 state the reasons for his opinion. Now if his opinion is
7 that Mr. Bruno is able to work, I will ask Dr. Fishman to
8 mention some jobs he thinks Mr. Bruno could do and to
9 state why he thinks he could perform the duties connected
10 with those jobs. Of course Mr. Bowers you will have an
11 opportunity to examine Dr. Fishman, not only with respect
12 to his testimony but you also could present any hypothetical
13 question you think the facts support. Are you clear
14 Mr. Bowers?

15 Mr. Bowers: Yes sir.

16 ADMINISTRATIVE LAW JUDGE: Thank you. Mr.
17 Bowers the usual procedure is for the judge to ask the
18 to conduct the initial questioning of a claimant and
19 then permit the attorney to ask any questions he thinks
20 necessary to clarify the record. Is that satisfactory?

21 Mr. Bowers: That is satisfactory.

22 ADMINISTRATIVE LAW JUDGE: Thank you. Mr.
23 Bruno will you please rise and take the oath. The claimant,
24 Mr. Bruno was duly sworn in.

25 Q Please state your name for the record?

A Mr. Jose Bruno

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Q What is your address sir?

A 943 Brocklyn Blvd.

Q What is the date of your birth?

A August 19, 1940.

Q And you were born in Puerto Rico?

A Yes

Q When you left Puerto Rico, did you
come to New York City to live?

A Yes

Q Would you please instruct him that he has
to say yes or no.

Q When did you come to New York City?

A September 17, 1968

Q How tall are you?

A 5'11"

Q How much do you weigh?

A 242lbs.

Q Is that your usual weight?

A Yes, always

Q Are you right or left handed?

A right handed.

Q Is that an apartment house where you live?

A Apartment

Q How many rooms do you have?

A four

Q On what floor?

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A Four

Q Is there an elevator in the building?

A no

Q Do you live with your wife?

A Yes

Q Is there anybody else living there?

A One daughter

Q Did you use the subway to come down here?

A Yes

Q When you were here on February 24, did you
use the subway then?

A Yes the train over

Q Did you go to school in Puerto Rico?

A To the first grade

Q Did you have any schooling after that?

A No

Q Mr. Bruno did you only go to school one year
in Puerto Rico?

A Yes

Q Did you work in Puerto Rico?

A Yes

Q What kind of work did you do there?

A Heavy equipment, heavy machinery.

Q On road construction?

A Yes

Q Did you drive the machinery?

1 A Yes sir
 2 Q How many years did he do that?
 3 A For about three years. Thirteen years
 4 Q Is there any other work you did in Puerto
 5 Rica(phonetic)?
 6 A Yes
 7 Q What kind?
 8 A Just about everything that there was done in
 9 Puerto Rico -- like taking cane, cutting cane.
 10 Q What kind of work did you get in 1968 in
 11 New York City?
 12 A Driving a high-low lift
 13 Q Was that in a factory of some kind?
 14 A Yes, in a factory.
 15 Q What kind of factory?
 16 A A soap factory
 17 Q How many years did you do that?
 18 A 4½ yrs.
 19 Q Then did you get another job?
 20 A Yes
 21 Q What kind of work?
 22 A The same thing. High lift.
 23 Q What kind of a factory?
 24 A A warehouse
 25 Q How long did you do that?
 A 6 months.

Q Was that the last job you had? - - - - 38

A Yes

Q You were laid off on July 27, 1973?

A Yes

Q What happened, did they run out of work?

A Yes sir, they weakened out.

Q Since then have you tried to get work?

A Well from then to now I went to the hospital
I have been sick.

Q Please answer my question Mr. Bruno, did
you try to get work after July 27, 1973?

A No

Q After you were laid off did you get unemploy-
ment insurance benefits?

A Yes but not everything.

Q How many weeks of benefits did you get?

A I don't remember very well.

Q Does your wife work?

A NO

Q Where have you been getting money in which
to pay your living expenses?

A Welfare sir.

Q Do you know what SSI is?

A No

Q What is the color of the check you get?

A White with one part which is green.

Q Now since you stopped working, I understand
you were in Prospect (phonetic) Hospital for 15 days in
November of 1973, Nov. 5-20, Is that correct?

A Yes.

Q Is that the first time you went into the
hospital overnight, after stopping work?

A Yes

Q Have you been in a hospital overnight
since then?

A No

Q I understand that you were treated by a
Dr. Weis.

A Yes

Q Have you seen Dr. Weis in the
last 11 months?

A Yes

Q When was the last time you saw him?

A I don't remember well, because he left the
hospital and then another doctor took over.

Q Did you see Dr. Weis only at
a hospital?

A Yes

Q At Prospect Hospital?

A No

Q What hospital?

A (No response).

1 Let the record show that claimant produced a
2 card of a Hunts Point Multi-Servce Center. I am returning
3 this card to him.

4 Q Is that the only place you've been treated
5 since leaving Prospect Hospital?

6 A There but now I have another

7 Q Whats the name of your other doctor?

8 A Dr. ISquireiz

9 Q And his address?

10 A 1058 Southern Blvd.

11 Q Do you have a zip code for that?

12 A Bronx , New York 10459

13 Q Telephone?

14 A KI 28228 I have a letter from Dr. Isquireiz
15 I'm going to use as evidence, at whatever point of the
16 program --

17 ADMINISTRATIVE LAW JUDGE: You may as while
18 do it now. A statement on the letterhead of Dr. Isquireiz
19 chiropractor, dated March 11, 1975, consisting of one page
20 as well as a report of a x-ray of the entire spine and
21 pelvis dated February 27, 1975 on the letter head of Dr.
22 A. Isquireiz will be received in evidence as exhibit number
23 19. Dr. Fishman you could be looking at this.

24 Q How many times have you seen Dr. Isquireiz?

25 A I've gone six times.

Q When did you first see him?

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A I don't remember the date.

Q How long ago?

A February

Q Have you stopped going to Hunts Point Multi-
Service Center?

A No

Q You still go there?

A Yes

Q How often do you go there?

A Monthly and also every 15 days.

Q You go to see two different doctors?

A Three of them

Q Do you take any medicines?

A yes

Q ALL pills?

A yes

Q How many types of pills do you take?

A Five types

Q And you take all five everyday?

A Yes

Q And who prescribed the pills?

A Dr. Romano.

Q Are all the pills prescribed at Hunts Point?

A Yes

Q Do you think you could work at the present
time?

A Under the present condition I believe not.

Q What are the reasons you can not work?

A Well I have my back which I cannot bend very well and headaches I get here in my head that make me dizzy. My left leg which they are also giving me injections for also. I have defect in my leg and it goes out of place when I'm walking.

Q Anything else?

A I also have high blood pressure.

Q Anything else?

Q Tell me how does your high blood pressure prevent you from working?

A Well when I walk and when I make any effort. I get dizzy and I get a pain here that goes like this which beats too much.

Let the record note that the claimant pointed into the region of the upper neck. Past where you lower your head.

Q How much effort is required to bring about this pain and dizziness?

A Well whenever I walk or do anything, in fact, right now while I'm speaking I have this pain here that's going like that.

Q You've been sitting all the time, have you not?

A Yes

Q And you get the pain every time you sit?

A Sometimes

Q How much walking is required to bring on
the pain?

A sometimes when I walk a little bit I get
it.

Q How little, how many blocks?

A 1 block

Q Have you told the doctor at Hunts Point
about this?

A I always tell him everytime I go

Q And what does he answer you?

A He tells me its from high blood pressure.

Q Now do you wear a brace for your back?

A Yes

Q Do you wear it every day?

A Yes

Q Do you take it off when you go to sleep?

A Yes I put another one on

Q Whats the difference between the braces?

A This is metal

Q And the other one?

A It has metal but its more flexible.

Q How often do you get headaches?

A Very often, almost always

Q Now would you explain whats wrong with your
left leg?

1 A Well when I walk it goes ahead of me then
2 when I went to the doctor about it they took X-rays and
3 told me something was coming out of the bottom of the leg
4 and they gave me three injections and they're treating me for it.

5 Q At Hunts Point?

6 A Yes

7 Q Mr. Bruno how long have you had the headaches?

8 A I've been getting them very much since 1973
9 and until now.

10 Q You didn't mention headaches when you filed
11 your application for disability?

12 A I told them

13 Q When you were talking to the person at the
14 Social Security office, that person was writing down every-
15 thing you said, isn't that so?

16 A While he was writing it but at other times
17 other people would come to him and interrupt and he had to
18 attend to them.

19 Q I see you are carrying a cane today Mr.
20 Bruno how long have you been using a cane?

21 A Since 1973

22 Q And why do you use a cane?

23 A Because sometimes I'm going to fall and
24 with the cane I support myself.

25 Mr. Bowers you may ask what ever questions
you feel necessary.

1 Q Mr. Bruno are you presently being treated
2 by Dr. Peterson of the Hunts Point Multi-
3 Service Center?

4 A When I go there and Dr. Roma isn't there,
5 Dr. Peterson takes care of me.

6 Q Was the Remarise (phonetic) Company the
7 company which you were laid off in July, 1973?

8 A Yes

9 Q Now between the time you were laid off and
10 the time in which you were hospitalized did you attempt
11 to go back to work to the Remarise Company and
12 resume your previous work?

13 A Yes

14 Q What happened?

15 A When they laid me off

16 Q No when you tried to go back to work?

17 A I couldn't work because they gave me a lay off.

18 Q What specifically happened to cause you to
19 seek medical assistance and be hospitalized in 1973?

20 A Well I was sick and didn't want to go to
21 the doctor and they gave me a lay off and I took advantage
22 of the union card to go to the doctor, that's when they told
23 me I had diabetes and I explained to them about the pain
24 I had in my back and I could hardly work and they gave me
25 a doctor and they put me in bed with weights. From there.
I left useless. I can hardly even walk now.

1 Q When did the accident occur that was the
2 cause the problem of your back?

3 A February 1966

4 Q And where was that?

5 A Puerto Rico.

6 Q What happened to cause the accident to you?

7 A I was operating the machine and the machine
8 started to rise up off the ground and it threw me and I hit
9 something and I fell and there I remain.

10 Q Do you experience pain or discomfort or
11 both when you sit for any particular period of time?

12 A Yes I do

13 Q For how long after sitting for a given time
14 does that pain and discomfort start to occur?

15 A Sometimes three, three or four minutes. The
16 pain begins to start and I have to bend to feel better or
17 stand.

18 Q Are you experiencing that pain and discomfort
19 right now?

20 A Yes I have it right now

21 Q Would you like to relieve that pain or
22 discomfort by standing or by flexing your back in such
23 a way to relieve the pain?

24 A Yes

25 I don't think theres anything that would prohibit
Mr. Bruno from relieving the discomfort that he is experiencing

right now.

ADMINISTRATIVE LAW JUDGE: That he is alleging to experience. I haven't observed any pain in his face during the entire hearing Mr. Bowers and I think the record should be clear of that. Of course he may stand.

Mr. Bowers: If you wish to do so please.
Claimant is standing.

ADMINISTRATIVE LAW JUDGE: Do you want to continue to questioning while he stands or should we have a recess.

Mr. Bowers: I have no further questions.

ADMINISTRATIVE LAW JUDGE: Mr. Bruno, you say sometimes you feel pain after three or four minutes, do you always feel pain after three or four minutes on sitting?

A Always

Q How long do you stand in order to relieve the pain?

A An hour or fifteen minutes

Q You stand an hour and then the back pain is better?

A Its relieved a little bit.

Q You stand a full hour before its relieved?

A Sometimes

Q And at other times?

A Well I always have the pain.

Q Well do you feel you can sit down again

after an hour?

A Yes I can sit for a little while, yes.

Q Do you feel any? Is the pain more severe when you sit then when you stand?

A Well, the pain is the same in both parts.

Q So why do you stand if the pain is not relieved?

A Because I can't stand it my back starts to get numb.

Q Well, standing doesn't help according to your testimony?

A Well, what do you mean it doesn't help?

Q You said that you always have the pain and its the same?

A Yes

Q Now you say you have been so disabled since 1973 that you have been unable to work?

A Yes

Q Is this your second marriage?

A Yes

Q And when did you get married the second time?

A Well we have been living together 10 years, but we married last February.

Q Mr. Bowers do you have any further questions?

MR. Bowers: just one. No I have no further questions.

ADMINISTRATIVE LAW JUDGE: Mr. Bruno is there
1 anything else you would like to tell me?

2 A No

3 Dr. Fishman, would you please rise and take
4 the oath? Dr. Fishman was duly sworn in.

5 Q Please state your name and address?

6 A Dr. Sidney Fishman, 200 Kabrinne (phonetic)
7 Blvd. New York, New York 10033.

8 Q Will you tell us where you are presently
9 employed and what your occupation is?

10 A I'm a rehabilitation psychologist and I am
11 on a faculty of the New York University Post Graduate
12 Medical School as well as the School of Education and Health
13 and Fine Arts Professions at New York University.

14 Q Do you understand that you have been called
15 as a impartial witness in this case in the order that I
16 might have the benefit of your opinion as to what work if
17 any this claimant has been able to do subsequent to Nov-
18 ember 1973?

19 A That's right, I understand

20 Q Do you realize that it is the function and
21 responsibility of the ADMINISTRATIVE LAW JUDGE to decide
22 what, if any impairments has been established by the
23 evidence?

24 A Yes sir

25 Q Do you also understand that I will ask

1 that you make certain assumptions as to the existence or
2 non-existence of the Claimant's impairments and the resulting
3 dysfunctions, if any?

4 A Yes sir

5 Q I showed you a document which has been
6 received in evidence as exhibit number 13 and ask if it
7 was prepared under your supervision, it a resume of the
8 experience and background of one Sidney Fishman?

9 A Yes sir it was prepared by me

10 Q Does it correctly reflect your education,
11 experience, professional affiliations and publications?

12 A Yes sir it does

13 Q Dr. Fishman in your work have you been
14 called upon to make studies of vocational potentiality
15 of individuals with various types of impairments?

16 A Yes sir

17 Q Have you kept abreast with the local
18 economic situation and employment outlook?

19 A Yes thats an additional routine responsibility
20 of my profession.

21 Q Have you been required to know what types
22 of jobs are performed in various types of businesses and
23 the duties of such jobs?

24 A Yes sir

25 Q Have you ever been required to read and
evaluate medical reports and discuss cases with physicans

in carrying out your duties?

1 A Yes sir I do this on a very frequent
2 routine basis.

3 Q Are exhibits 1 through 12 and 15-17 inclusive
4 made available to you prior to this hearing?

5 A Yes that is quite correct Judge Berson

6 Q And have you examined exhibit 19 which
7 was received in evidence during the course of this hearing?

8 A Yes, sir I have

9 Q Are you familiar with the contents of all
10 of these exhibits?

11 A I am sir

12 Q Did you listen to the testimony that was
13 taken here today?

14 A Yes sir

15 Q Now Dr. Fishman have you had occasion
16 to deal with individuals with diabetes mellitus?

17 A Yes sir quite often.

18 Q Have you counselled such individuals with
19 respect to their work potential?

20 A Yes sir

21 Q Have you had occasion to deal with individual
22 who are hypertensive?

23 A Yes sir

24 Q And have you counselled such individuals?

25 A I have sir.

1 Q Have you had occasion to deal with individuals with back impairments?

2 A Yes sir

3 Q And have you counselled such an individual?

4 A I have indeed

5 Q Now Dr. Fishman I intend to you whether
6 or not the claimant can work any job based on his age,
7 education training and work experience as well as certain
8 dysfunctions which I shall set forth for your consideration,
9 do you understand the procedure I propose to follow?

10 A Yes sir, I'm sure I do.

11 Q Do you feel you need additional information
12 before I state the dysfunctions I want you to assume?

13 A No sir

14 Q Assume that I should find that the claimant's
15 impairments are those to which he testified this morning, with
16 the resulting dysfunctions he described. Are you able
17 to state whether or not he can work on any job?

18 A Yes sir in my opinion could not work on
19 any job.

20 Q On the other hand Dr. Fishman assume that I
21 find that the claimants impairments: 1. require him to
22 wear a back brace, 2. require him to alternate the sitting
23 and standing positions at will, 3. prevent him from doing
24 any work requiring bending or stooping while lifting more
25 than 15 pounds. Are you able to state whether or not he

could work any job?

A Yes Sir

Q What is your opinion sir?

A My opinion is taking into account his age, education, training, work experience and limitations that you have given that there are a variety of sedentary jobs found with considerable frequency in the metropolitan and National Economy

Q Will you mention some of the jobs you have in mind?

A Yes. They fall into primarily three categories: bench assembly and processing jobs, bench machine operation jobs and inspectional jobs. The bench assembly jobs, all of these jobs, current variety of industry that I will mention but the title of the bench assembly jobs are: assembly small products, assembler electric packer, trimmer, paster, solder assembler, spot cleaner, and all of these jobs are done in the seated position with the opportunity to alternate to a higher stool or to go to a standing position for a time and they found in the following industries. footwear, toys and games, belts, wallets, handbags, pharmaceuticals, costume jewelry, small metal products, such as kitchen utensils, hand tools, electrical industry, automobile accessories and sub-assemblies, the job of spot cleaner is found in the dry cleaning industry. Bench machine operations vary from the assembly job in that,

1 instead of being completely manual in the use of hand tools
2 involved the operation of simple bench machines such as:
3 punch presses, drill presses, stapling machines, crimping
4 machines, eyelet machines, grinders, polishes and the like.
5 And the last category jobs are inspectional where either by
6 means of visual inspection or by the use of gauges of various
7 types or by simple meters or functional tests adequacy of
8 the products which have been assembled on the line or sub-
9 assembly are checked for adherence to specifications and the
10 individual accepts or rejects these various items. This
11 would be a fair sampling in my opinion of the kinds of
12 jobs that could be done within the by this claimant within
13 his limitations you have given me.

13 Q Do these jobs exist in the New York City area?

14 A Yes sir they do.

15 Q In what numbers?

16 A Well total numbers I would say they exist
17 within the area of better than hundred thousand. Individually,
18 they vary in frequency from perhaps a minimum of thousand
19 to a maximum of 30 thousand.

20 Q How do you know that the jobs exist in these
21 numbers?

22 A Well in the terms of the numbers -- well, I've
23 had substantial experience in visiting and observing these
24 jobs -- I -- that -- it would give no indication as to
25 to numbers I then have to rely on the reports of the

1 U.S. Department of Commerce, the census bureau and the
2 reports of the New York State, Department of Labor
3 which indicate the first instance the actual number of
4 the people employed in various jobs in the metropolitan
5 area as well as the nation and modified in terms of trends
6 in regard to industries in terms of a monthly report
7 which indicates increases and decreases in employment
8 situations..

9 Q Dr. Fishman, how much, if any, training would Mr.
10 Bruno need in order to be able to perform satisfactorily in these
11 jobs?

12 A These are all unskilled jobs and the training
13 period goes between several hours to several days at the
14 most.

15 Q Where would he get such training?

16 A On the job

17 Q You say several days, what number of days
18 do you have in mind?

19 A Two or three days at the most.

20 Q Would that be with pay on the job?

21 A Yes sir

22 Q Dr. Fishman is there any thoughts you may
23 have in mind which you are willing to volunteer which might
24 help me to determine whether or not Mr. Bruno is able or
25 unable to work? Something I might have missed in the
evidence that you picked up?

1 A No sir I think the record is quite clear.
2 I have nothing to contribute.

3 ADMINISTRATIVE LAW JUDGE: Thank you, Mr.
4 Powers you may question Dr. Fishman and, as I indicated
5 earlier you may present any hypothetical questions you
6 wish to ask.

7 MR. POWERS:

8 Q Dr. Fishman what factors influence the
9 difference in your responses to the two hypothetical questions
10 presented to you by Judge Berson. The first one you responded
11 negatively as to whether you felt that Mr. Bruno could obtain
12 employment in the New York area and the second hypothetical
13 question in which certain restrictive conditions were
14 hypothetical conditions were proposed to you, you responded
15 affirmatively that there was employment. What exactly --
16 what factors cause the difference in your response to both
17 questions?

18 A Well the second question, second hypothetical
19 question stated rather precise limitations in function by
20 the Judge and therefore became my task to consider whether
21 there were jobs that did not require those functions, that were in the back-
22 ground, education, training for the claimant to pursue/learn (inaudible)
23 primarily in terms of subjective reports of the extent and
24 degree of discomfort and pain that the claimant reported
25 during the questioning by Judge Berson.

1 Q So your second response excluded consideration
2 of reports -- subjective reports of pain and
3 discomfort. Is that fair to say?

4 A That's fair to say, yes

5 Q Now that I recall your testimony, the three
6 categories of jobs under the second hypothetical question,
7 you indicated that you felt Mr. Bruno could become employed
8 in -- in bench assembly, spot cleaning and inspectional
9 jobs?

10 A No the categories were bench assembly,
11 bench machine operator, and inspectional. Spot cleaning
12 was just an example of an outside type of a job.

13 Q Now in your, you said you have personally
14 visited factories or places of business where these occupations
15 are being performed, is that correct?

16 A That is correct

17 Q Then is it fair to say that the one character-
18 istic that might apply to all of these occupations is that
19 they tend to take the form of a conveyor belt type of situation?
20 were the materials to be assembled or inspected are passing
21 before the individual worker on a conveyor belt.

22 A Well or by hand but in general, that's
23 correct.

24 Q And the level of that conveyor belt is a stable
25 one is that not correct?

A Yes.

Q Can it be adjusted to a higher or lower

1 level. Given that, could you explain to me the basis of
2 your opinion that these jobs would afford an opportunity
3 for Mr. Bruno to alternately stand and sit. That's a little
4 confusing to me, it would seem to me that if the conveyor belt
5 were at a standard level that if he were to stand from a
6 seated position he would be required to bend over to
7 continue working, is that a fair or an unfair characterization
8 of the physical requirements -- necessary -- to alternate
9 sitting and standing would require Mr. Bruno to perform?

10 A Let me clarify my reply. It was not my
11 intention or my understanding that he would perform the
12 duties of these jobs lets say 50% sitting and 50% standing
13 or any such thing. There is flexibility -- with
14 regard to his moving about at will during the workday and
15 in general, the bulk of the time would be done in a seated
16 position. He could, and it's not infrequent that a high stool
17 can be made available so he can shift to a higher stool
18 and occasionally he can stand and still keep the work
19 flow going. He can't do it well no major part of the time
20 can be spent in a standing position.

21 Q It would also seem to me that a high stool
22 would require him to bend over to reach down and --

23 A He would bend over a little more, thats
24 correct.

25 Q But the purpose of course would be to create
motion and change his position of his body.

1 Q So the bulk of the working time would be
2 spent in a seated position and opportunities for standing
3 would be confined primarily to break periods, is that the
4 sort of thing you are implying?

5 A No I'm implying the opportunity to stand
6 for a few moments would not only be a break period but
7 other times during the work cycle, but unquestionably, the bulk
8 of the work would have to be done in a seated position.

9 Q So if the standing were to entail an
10 interruption in his work he could not last for very long,
11 I mean he would be expected to return to a seated position
12 very promptly to resume working?

13 A That's right a minute or two --

14 Q. I have no further questions.

15 ADMINISTRATIVE LAW JUDGE:

16 Q Dr. Fishman are all these jobs , do all
17 these jobs involve conveyor belts?

18 A No sir I thought I implied that.

19 Q You said something about material being
20 brought over?

21 A Yes There are jobs where the individual is
22 obligated to go over, walk over some place and pick up
23 the material. However I did not have those jobs in mind
24 in replying to your question.

25 Q If Mr. Bruno was sat on a high stool how
much, would that involve bending or merely stretching his

arm for the material?

1 A Well it would --, we could get into a semantic
2 question -- any time the spine is flexed to any degree,
3 some degree in bending takes place. The term stretching is a
4 perfectly legitimate restrictive term, , but you see I would
5 say that, even in a sitting position, strictly speaking,
6 there is some bending involved, in the pure sense of the word.
7 I have no further questions. Do you have any Mr. Bowers?

8 Mr. Bowers: Yes just a couple.

9 Q Let's assume we're talking about a particular
10 job that among those that you mentioned as in your judgement
11 being in the category that Mr. Bruno was scheduled to
12 perform. . And we are talking about a job that does not involve
13 a conveyor belt. . . . What kind of working area are we
14 speaking of here, is this a table that Mr. Bruno would be
15 seated in front of?

16 A A table or a bench yes.

17 Q And can you generalize to extent as to the
18 normal or characteristic height of these tables above the
19 floor?

20 A In general terms I would say they would be
21 a little lower -- about 6 inches lower than this table height.

22 Q I see. Has it in your experience has have
23 you ever encountered a situation where management of the
24 given company has been willing to custom build a work
25 space to accommodate physical limitations on the part of one or

more of his workers?

1 A I have run into it but not on a very
2 frequent basis.

3 I have no further questions.

4 ADMINISTRATIVE LAW JUDGE: Mr. Bowers, do have
5 any other evidence you want to introduce?

6 Mr. Bowers: Yes I have one other witness to
7 call.

8 ADMINISTRATIVE LAW JUDGE: You talking about
9 Mrs. Bruno?

10 A Yes

11 It was my understanding that she was here as an observer.

12 Mr. Bowers: I'm sorry. If that question directed
13 to me, I would have responded negatively.

14 ADMINISTRATIVE LAW JUDGE: I would have preferred
15 calling Dr. Fishman as a witness after she had testified.
16 We will have a 5 minute recess and then we will call Mrs.
17 Bruno. The hearing will be resumed. Mrs. Bruno will you
18 please rise and take the oath? Mrs. Bruno was duly sworn
19 in. Please be seated.

20 Q Will you state your name for the record?

21 A Isabelle Bruno

22 Q Are you married to Jose Bruno who is
23 sitting here?

24 A Yes sir

25 All right Mr. Bowers you may question Mrs. Bruno.

Mr. Bowers:

1 Q Mrs. Bruno is it necessary for you assist
2 Mr. Bruno in performing daily activities around the apartment?

3 A Yes sir

4 Q Could you describe the sorts of things that it
5 is necessary for you to help Mr. Bruno to perform?

6 A Well when he has to go to the doctor I
7 have to put on his socks and help him put on his clothes,
8 I have to tie his shoes.

9 Q Do you accompany Mr. Bruno when he goes out
10 for appointments with the doctor or anything else?

11 A Yes when I feel well I accompany him.

12 Q When you accompany him, do you assist him in
13 ascending and descending the stairs to your apartment?

14 Yes, I do. I help him up and down the stairs.
15

16 ADMINISTRATIVE LAW JUDGE: Mr. Bowers, I think
17 that is too leading. You can ask what she does for him when
18 they go to the doctor?

19 Q When you accompany your husband outside do
20 you assist him in any manner at that time?

21 A Yes I help him.

22 Q In what manner?

23 A With snow and ice on the streets I have to
24 hold him up -- and when it rains and that sort of thing.
25

I have no further questions.

ADMINISTRATIVE LAW JUDGE:

Q Are you well Mrs. Bruno?

A I have been ill but I feel better now.

Q You said you go with your husband to the doctor when you feel well?

A Yes when I feel better. When I feel I can.

Q And at other times he goes to the doctor by himself?

A He goes alone but not too long ago he had a problem because he went alone. When he had to take the bus he had the dizziness from the same pain that he gets and then a man caught him and brought him home.

Q You saw the man?

A I saw the man but I don't remember who he was. I don't know who he was.

Q He came up the four flights?

A Yes he came up.

Q How long ago was this?

A About two months ago.

Q Since then has your husband gone out alone?

A No I normally accompany him.

Q He has never gone out alone since that incident?

A No

I have no further questions Mr. Bowers, do

1 you have any?

2 Mr. Bowers: No sir I don't.

3 Do you have any other evidence you want to
4 introduce?

5 Mr. Bowers: I'm in the process Judge Berson
6 of obtaining additional medical data, with respect to Mr.
7 Bruno's condition. I would appreciate your keeping
8 the record open for a period of approximately a week to enable
9 me to gain those records and submit them to the records?

10 ADMINISTRATIVE LAW JUDGE: I will do that sir,
11 Now you have a right to suggest to me proposed findings
12 and conclusions and state your reasons. You may do so
13 orally this time or in writing at a future date or you
14 may waive your right, what is your pleasure?

15 Mr. Bowers: I will waive my right at this time
16 and reserve it for the future in writing.

17 ADMINISTRATIVE LAW JUDGE: One week

18 Mr. Bowers: Yes

19 ADMINISTRATIVE LAW JUDGE: If I don't hear from
20 you in one week of today I will feel free to right my
21 decision sir.

22 Mr. Bowers: Yes sir

23 ADMINISTRATIVE LAW JUDGE: With that understanding
24 the hearing is now closed.
25

1 The record was reopened on April 7, 1975 to receive
2 into evidence as exhibit 20, additional medical data from
3 the Hunt's Point Multi-Service Center which was submitted by
4 the Claimant's attorney. It consists of three pages. It is
5 hereby received into evidence as exhibit 20. There being
6 nothing further, the record is closed.
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SN

CERTIFICATION

580-64-7912
66

1 I have read the foregoing transcript and hereby certify
2 that it is a true and complete record of the hearing held in
3 the above case before Administrative Law Judge Samuel C.
4 Berson.

5 Susan Nuhfer
6 Susan Nuhfer, Transcriber
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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

APPLICATION FOR DISABILITY INSURANCE BENEFITS

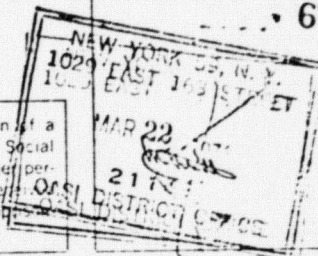
If you are awarded monthly benefits based on this application, you will automatically have hospital and medical insurance protection under Medicare after you have been entitled to social security disability benefits for 24 consecutive months or at age 65, whichever occurs first.

NOTICE—(a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

Form Approved
OMB No. 72-R0530

(Do not write in this space)

67



I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II and Title XVIII of the Social Security Act, as amended.

1. Print your full name (First name, middle initial, last name) Jose R. Bruno-Martinez		(Check One) ☒ Male ☐ Female	Enter your Social Security number 5 8 0 6 4 7 9 1 2	
2. Enter your date of birth (Month, day, and year) 8/19/40		Enter the name of the State or foreign country where you were born P.R.		
3. (a) Have you (or has someone on your behalf) ever before filed an application for a period of disability or social security benefits? ☐ Yes (If "Yes," answer (b), (c), (d), and (e).) ☒ No (If "No," go on to item 4).		(b) What kind of application did you file (for example, wife's, widow's, disability)?		
(c) Enter name of person on whose earnings record you filed other application		(d) Enter Social Security Number of person named in (c) (If unknown, so indicate)		(e) Are you now receiving benefits on this record? ☐ Yes ☐ No
4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.) Diabetes, back Injury				
5. (a) When did you become unable to work because of your disability?		Date (Month, day, and year) 9/27/73		
(b) Are you still disabled? ☒ Yes (If "Yes," go on to item 6.) ☐ No (If "No," answer (c).)				
(c) if you are no longer disabled, enter the date you were again able to work.		Date (Month, day, and year)		
6. Check any of the following which apply to you: EXHIBIT 1				
(a) ☐ Confined in a medical institution other than a general hospital		(d) ☐ Confined in a chair (Including wheel chair)		
(b) ☐ Patient in a general hospital		(e) ☐ None of the above but unable to go outside		
(c) ☐ Confined in bed at home		(f) ☒ Able to go outside but only with help of another person or device CANE		
		(g) ☒ Able to go outside without help		

7. (a) Have you EVER filed (or do you intend to file) claim(s) for disability benefits under any workmen's compensation law or plan? ☒ YES (If "Yes," answer (b) and (c).) ☒ NO (If "No," go on to item 8.) 68

(b) Workmen's compensation claim numbers

(c) Has there been any decision or any TYPE of payment (e.g., lump sum, partial, total, permanent, temporary, etc.) made on any claim filed? ☐ YES (If "Yes," go on to item (d).) ☐ NO (If "No," go on to item 8.)

(d) Date of latest decision _____ (Show month, day and year.)

☐ Claim Awarded. If awarded, go to item (e).
☐ Claim Denied. If denied, go to item (f).

(e) The award was for a

☐ Lump sum payment of \$ _____ for _____ weeks.

☐ Weekly, bi-weekly, or monthly payment (circle the correct type) of \$ _____.

The period(s) covered by the above payment(s) was _____ to _____
(month, day, and year) (month, day, and year)

(f) Have you or has someone on your behalf filed an appeal of any decision or Payment made?

☐ YES ☐ NO

8. Did you work in the railroad industry any time on or after January 1, 1937?

☐ Yes ☒ No

9. (a) Were you in the active military or naval service after September 7, 1939?

☐ Yes (If "Yes," answer (b), (c), and (d).) ☒ No (If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.) and country served (If other than U.S.A.)

(c) Enter dates of service below:

From: _____ To: _____

(d) Have you received, or do you expect to receive, a benefit from any other Federal Agency?

☐ Yes (If "Yes," answer (e).)

☐ No (If "No," go on to item 10.)

(e) Name the other Federal agencies

10. • Enter below the names and addresses of all the persons, companies, or Government agencies for whom you worked during the last 12 months.
• If you worked in agricultural employment, give this information for this year and last year.
If neither of the above applies, write "None" below and go on to item 12.

NAME AND ADDRESS OF EMPLOYER (If you had more than one employer, please list them in order beginning with your last (most recent) employer)	WORK BEGAN		WORK ENDED (If still working show "Not Ended")	
	Month	Year	Month	Year
Ramirez Zayas & Co. Inc 1158-60 Worth St Bronx, NY 10474 (212) 991-8899	—		7	73
(If you need more space, use "Remarks" space on the back page.)				

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☐ Yes ☐ No

12. Were you self-employed this year, last year, or the year before?

☐ Yes (If "Yes," answer item 13.) ☒ No (If "No," go on to item 14.)

CHECK THE YEAR OR YEARS IN WHICH YOU WERE SELF-EMPLOYED	IN WHAT KIND OF TRADE OR BUSINESS WERE YOU SELF-EMPLOYED? (For example, storekeeper, farmer, physician)	WERE YOUR NET EARNINGS FROM YOUR TRADE OR BUSINESS \$400 OR MORE? (Check "Yes" or "No")
☐ This Year		
☐ Last Year		☐ Yes ☐ No
☐ Year Before Last		☐ Yes ☐ No

EXHIBIT 12

14.	How much were your total earnings last year? (Count both wages and self-employment income. If none, write "None")	About \$ <u>3200 +</u> 69																		
15.	(a) How much have you earned so far this year? (If none, write none) \$ <u>none</u> (b) Did you receive any money from your employer(s) on or after the date in item 5(a) when you became unable to work because of your disability? ☐ Yes ☒ No (c) Do you expect to receive any additional money from your employer such as pay, vacation pay, or other special pay? ☐ Yes ☒ No If your answer to (b) or (c) is "Yes," please give amounts and explain in "Remarks" on the back page.																			
16.	(a) Check (☒) whether you are: ☐ Widowed ☐ Divorced ☐ Single ☒ Married (Whether living together or separated) (If you checked "MARRIED" or "WIDOWED," complete (b) and (c) if appropriate.) (If you checked "DIVORCED" or "SINGLE" go on to item 18.) (b) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 30%;">Enter your wife's maiden name or your husband's name</th> <th style="width: 10%;">Date of birth (If unknown, give age)</th> <th style="width: 10%;">Date of marriage</th> <th style="width: 10%;">Date of death (If deceased)</th> <th style="width: 40%;">Your wife's or your husband's Social Security Number (If none, <u>do not</u> indicate)</th> </tr> <tr> <td>Isabel Rodriguez</td> <td>41</td> <td>2/7/74</td> <td></td> <td></td> </tr> </table> (c) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☐ Yes ☒ No		Enter your wife's maiden name or your husband's name	Date of birth (If unknown, give age)	Date of marriage	Date of death (If deceased)	Your wife's or your husband's Social Security Number (If none, <u>do not</u> indicate)	Isabel Rodriguez	41	2/7/74										
Enter your wife's maiden name or your husband's name	Date of birth (If unknown, give age)	Date of marriage	Date of death (If deceased)	Your wife's or your husband's Social Security Number (If none, <u>do not</u> indicate)																
Isabel Rodriguez	41	2/7/74																		
17.	Answer item 17 ONLY if your husband or wife is applying for benefits. (a) Check (☒) whether your marriage was performed by: Clergyman or authorized public official ☐ , or other ☐ (Explain) ☐ Yes ☒ No (b) Were you married before your present marriage? ☐ Yes ☒ No (If "Yes," give the following information about each of your previous marriages.) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 20%;"></th> <th style="width: 25%;">To whom married</th> <th style="width: 20%;">When (Month, day, and year)</th> <th style="width: 35%;">Where (Enter name of city and State)</th> </tr> <tr> <td rowspan="2">Previous marriage</td> <td>How marriage ended</td> <td>When (Month, day, and year)</td> <td>Where (Enter name of city and State)</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td rowspan="2">Previous marriage</td> <td>How marriage ended</td> <td>When (Month, day, and year)</td> <td>Where (Enter name of city and State)</td> </tr> <tr> <td colspan="3"></td> </tr> </table> (Use "Remarks" space on back page for information about any other marriage.)			To whom married	When (Month, day, and year)	Where (Enter name of city and State)	Previous marriage	How marriage ended	When (Month, day, and year)	Where (Enter name of city and State)				Previous marriage	How marriage ended	When (Month, day, and year)	Where (Enter name of city and State)			
	To whom married	When (Month, day, and year)	Where (Enter name of city and State)																	
Previous marriage	How marriage ended	When (Month, day, and year)	Where (Enter name of city and State)																	
Previous marriage	How marriage ended	When (Month, day, and year)	Where (Enter name of city and State)																	
Your children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including step-grandchildren) may be eligible for benefits based on your earnings record.																				
18.	(a) Do you have ANY children who are now or were in the past 12 months UNMARRIED and: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;">• UNDER AGE 18</td> <td style="width: 30%; text-align: center;">6</td> </tr> <tr> <td>• AGE 18 TO 23 AND ATTENDING SCHOOL</td> <td style="text-align: center;">13</td> </tr> <tr> <td>• DISABLED OR HANDICAPPED (18 or Over and disability began before Age 22)</td> <td style="text-align: center;">EXHIBIT 1</td> </tr> </table> If you have children who may qualify for benefits under any of the above conditions, answer (b) and (c).		• UNDER AGE 18	6	• AGE 18 TO 23 AND ATTENDING SCHOOL	13	• DISABLED OR HANDICAPPED (18 or Over and disability began before Age 22)	EXHIBIT 1												
• UNDER AGE 18	6																			
• AGE 18 TO 23 AND ATTENDING SCHOOL	13																			
• DISABLED OR HANDICAPPED (18 or Over and disability began before Age 22)	EXHIBIT 1																			
(b)	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%;">Full Name of Child</th> <th style="width: 50%;">Full Name of Child</th> </tr> <tr> <td>Miguelito Bruno Truado</td> <td>Jose Rafael Bruno Truado</td> </tr> <tr> <td>Miguel Bruno Truado</td> <td>Maria Mercedes Bruno Martinez</td> </tr> <tr> <td>Marlon Bruno Truado</td> <td>Jose Ramon Bruno Martinez</td> </tr> </table>		Full Name of Child	Full Name of Child	Miguelito Bruno Truado	Jose Rafael Bruno Truado	Miguel Bruno Truado	Maria Mercedes Bruno Martinez	Marlon Bruno Truado	Jose Ramon Bruno Martinez										
Full Name of Child	Full Name of Child																			
Miguelito Bruno Truado	Jose Rafael Bruno Truado																			
Miguel Bruno Truado	Maria Mercedes Bruno Martinez																			
Marlon Bruno Truado	Jose Ramon Bruno Martinez																			
(c)	Do you wish to apply on behalf of all the children named in (b) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? ☒ Yes ☐ No If you are not applying for any child you name, enter the child's name under "Remarks" (back page of this form) and explain why you are not applying for such child. You may apply for a child even though you do not wish to be the payee for the child's benefits.																			

(Over)

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you when you became unable to work because of your disability? 70

☐ Yes

☒ No

20. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability?

☒ Yes

☐ No

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

- Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.
- You GO TO WORK whether as an employee or a self-employed person.
- You apply for periodic benefits under any workmen's compensation law or plan.
- You are DISCHARGED FROM THE HOSPITAL if you are now hospitalized.

21. Do you agree to notify the Social Security Administration promptly if any of the above events occur?

☒ Yes

☐ No

Remarks: (This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)

Maria & Jose Ramon live with their mother Carmen Acosta Mendez in Playa Baja. While I was working I would send them money through the Court. The other 4 children live with my ex-wife Ana Trujillo Maldonado. I do not know her address. I send money for the support of the children through the Court in Puerto Rico.

IMPORTANT INFORMATION. PLEASE READ CAREFULLY.—A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law. I affirm that the above statements are true.

SIGNATURE OF APPLICANT

Date (Month, day, year)

Signature (First name, middle initial, last name) (Write in ink)

Telephone number(s) at which you may be contacted during the day

SIGN
HERE

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

City and State

ZIP Code

Enter Name of County (if any) in which you now live

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL				1. FOLDER TO: BDI ☐ SA ☒ DIO ☐		2. DATE APP'D. 03/22/74		
3. W/E (If Auxiliary Filing) ☐ RSI ☐ DIB ☐ W/E ☐				4. SOCIAL SECURITY NUMBER 580-64-7912				71
5. NAME AND ADDRESS OF CLAIMANT Jose R Bruno 943 Bruckner Blvd Apt 4D Bronx NY 10459				6. DOB 08/19/40		7. SEX ☒ M ☐ F		
				8. RACE ☒ W ☐ N ☐ O		9. AOD 07/27/73		
				10. AT AGE 32				
11. CLAIM FOR FREEZE ☐ DIB ☒ CHILD ☐ DWB ☐				12. FAMILY STATUS MAR. ☒ SC ☐ NO CHILDREN (UNDER 18) 6		13. QC REQ. LAST MET ☐ SI.		
14. ☐ W/E DOES NOT MEET QC REQ. A. ☐ DIS. BDI REVIEW B. ☐ SINCE LAST DET.				15. PREV. DENIED OR TERM. ☐		16. NON-DIS. DEV. IN PROGRESS ☐		
17. MED. DEV. DEF. ☐				18. S A CODE 330		19. STATE New York		
20. DISTRICT OFFICE ADDRESS 1029 E 163 Street Bronx NY 10459				DO CODE 158		RO CODE 21		
21. DOB REPRESENTATIVE <i>[Signature]</i>				23. REMARKS "Concurrent Title XVI claim pending"				
22. DATE OF TRANSMITTAL 4/3/74				TELEPHONE NO. 329-1414 PRESCRIBED PERIOD: Beginning _____ Ending _____				
PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:								
24. ☐ HAS BEEN UNDER A DISAB. SINCE		25. ☐ WAS UNDER A DISAB. A. DATE FROM _____ B. TO _____		26. ☐ WAS NOT UNDER A DISAB. ON OR BEFORE (Date)		29. DIAGNOSIS Compression fracture T12-L1		
27. ☒ WAS NOT UNDER A DISAB.		28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE				30. MOB CODE 7		
31. VOCATIONAL BACKGROUND (Occupation) General Laborer: Factory						OCC. YEARS 5 EDUC. YEARS 1		
32. BASIS FOR DETERMINATION REG-BASIS CODE 11-1504/6 T1-1504/6				LISTING				
<i>Dennis Weiss, MD - 6/20/74</i> <i>The 33 year old claimant sustained a compression fracture T12-L1, but impairment no longer severe at time of adjudication and did not last 12 months. Dr. Weiss' main problem is the back injury, and despite little space to diabetic condition his condition is controlled with medication.</i> <i>Claim is denied.</i>								
33. REC. RE-EXAM ☐ NONE ☐ (Date) _____ ☐ HOSP.				(RELEASE DATE OF FOLDER TO BDI/PC) JUL 15 1974				
34. DISABILITY EXAMINER SA <i>[Signature]</i>				35. DATE 6/20/74		36. REVIEW PHYSICIAN SA <i>[Signature]</i>		
37. DATE 6/29								
38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18				39. ☐ W/E MEETS QC REQ. IN _____ QTR. ☐ W/E DOES NOT MEET QC REQ. HAS _____ OF _____ QTRS FOR AOD ENDING _____		40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM _____ TO _____ ☒ NOT ESTABLISHED		
41. REMARKS <i>Denial letter received, folder sent to D/O - #15-8"</i>								
42. RE EXAM REQ				43. DISABILITY EXAMINER		44. DATE		
45. DATE				45. DISABILITY EXAMINER		46. DATE		
47. ☐ BDI ☐ PC		48. LTR. PAR NO Ref. 1/6/30/74/F		49. PRIOR ACT ☐ PD ☐ PI ☐ REVISED		50. BASIS CODE		
51. A OR D CODE		52. RETURN CODE		53. CAT ☐ W ☐ DIB ☐ OSF ☐ CH ☐ FR		54. SPECIAL CODE ☐ VA ☐ VAD		
55. LIST NO.								

FORM SSA 531 (10-73)

1-FOLDER COPY

Exhibit No.

2



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE-
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

72

BUREAU OF
DISABILITY INSURANCE

JUL 16 1974

REFER TO
590-54-7912

Jose R. Bruno
943 Bruckner Blvd. #4D
Bronx, NY 10459

Dear Mr. Bruno:

We have determined that you are not entitled to disability insurance benefits because you do not meet the disability requirement of the law. In reaching this decision we considered how much your condition has affected your ability to work. After carefully studying your records, including the medical evidence and your statements, and considering your age, education, training, and experience, it has been determined that your condition is not disabling within the meaning of the law.

Your social security record at the time you filed your application shows that you meet the earnings requirement for disability purposes until **June 30, 1978.....** Any additional earnings which may be credited to your record after the time you applied may, of course, extend this date.

If your condition should get worse and prevent you from doing any substantial gainful work, you should get in touch with any social security office about filing another disability application. An explanation of the disability requirement and the earnings requirement is given on the back of this notice.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have questions about your claim, you may get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

ISSUED BY: BUREAU OF DISABILITY INSURANCE
DIVISION OF INITIAL CLAIMS

Enclosure:
SSI-58

Exhibit No.

3 (27-3)

SSA-LB-1F (9-73)

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits in 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later needs to meet two provisions of the earnings requirement. One, he needs credit for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which he is disabled. And second, he needs credit for one calendar quarter of work for each year after 1950 (or after reaching age 21, if that is later) up to the year his disability began. In the second instance, the credits may have been earned at any time.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and medical insurance benefits are payable.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for retirement benefits at age 62.

F-3-72

EXHIBIT

3²



(Do not write in this space)

REQUEST FOR RECONSIDERATION

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

SOCIAL SECURITY CLAIM NUMBER

NAME OF CLAIMANT (If different from person named above.)

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)

DISABILITY BENEFITS

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are:

THAT MY BACK CONDITION
HAS WORSELED AND I CANNOT
ENGAGE IN ANY TYPE OF WORK
ACTIVITY

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (If none, write "None."):

NONE

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

SIGN
HERE

Jesse R. Bruno

Telephone Number

329-1414

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

743 BRUCKNER BLVD. #40

City and State

BRONX NY

ZIP Code

10459

Enter Name of County (if any) in which you now live

BX

Witnesses are required ONLY if this request has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, ZIP Code)

Address (Number and street, City, State, ZIP Code)

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER
(City and State)INTERMEDIARY NAME AND NUMBER
(City and State)

SOCIAL SECURITY OFFICE ADDRESS

ROUTING INSTRUCTIONS (Check one)

☐ State Agency (Route with disability folder)☐ Division of Foreign Claims, Balto.☐ Payment Center RDI, Balto. ☐☐ SDPA, Attn: CWAB, Balto.☐ Intermediary ☐ DRB, Balto. ☐☐ RO (Emergency)

DISABILITY DETERMINATION AND TRANSMITTAL				1. FOLDER TO: BDI ☐ SA ☒ DIO ☐		2. DATE APP'D. 3/22/74	
3. W/E (If Auxiliary Filing) ☐ PSI W/E ☐ DIB W/E ☐				4. SOCIAL SECURITY NUMBER 580-64-7912DI 75			
5. NAME AND ADDRESS OF CLAIMANT Jose R Bruno 943 Bruckner Blvd Apt 4D Bronx, NY 10459				6. DB 8/19/40		7. SEX M ☒ F ☐	
				8. RACE X ☒ W ☐ N ☐ O ☐		9. AOD 7/27/73	
				11. CLAIM FOR FREEZE ☐ DIB ☒ CHILD ☐ DWB ☐		12. FAMILY STATUS MAR. ☒ SG. ☐ NO. CHILDREN (UNDER 18) 6	
				13. QC REQ LAST MET ☐ SI. ☐		10. AGE 32	
14. ☐ W/E DOES NOT MEET QC REQ. A. ☐ DIS. BDI REVIEW B. ☐ SINCE LAST DET.				15. PREV. DENIED OR TERM. ☐		16. NON-DIS. DEV. II. PROGRESS ☐	
17. MED. DEV. DEF. ☐				18. S A CODE 330		19. STATE New York	
				20. DISTRICT OFFICE ADDRESS 1029 E. 163 Street Bronx, NY 10459		DO CODE 158	
						RO CODE 21	

FILE REVIEWED & APPROVED FOR TRANSMITTAL		23. REMARKS	
21. DO/BO REPRESENTATIVE			
22. DATE OF TRANSMITTAL		TELEPHONE NO. PRESCRIBED PERIOD: Beginning Ending	

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE		25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO		26. ☐ WAS NOT UNDER A DISAB. ON OR BEFORE (Date)		29. DIAGNOSIS <i>Compassive Fr.</i>	
27. ☒ WAS NOT UNDER A DISAB.		28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE				30. MQR CODE F	
31. VOCATIONAL BACKGROUND (Occupation) <i>Laborer</i>						OCC. YEARS 8	
						EDUC. YEARS 7	
32. BASIS FOR DETERMINATION REG-BASIS CODE J1-150a(b)						LISTING	

DR. WEISS 8/7/74
Claimant return further ability to engage in SFA

☐ CONTINUED ON ATTACHED SHEET (Use SSA-834)

33. REC. RE-EXAM ☐ NONE ☐ (Date) ☐ HOSP.		34. DISABILITY EXAMINER SA <i>Reed</i>		35. DATE 8/9/74		36. REVIEW PHYSICIAN SA <i>Clawley</i>		37. DATE 8/9/74	
38. ☐ CHILD'S DISAB. BEGAN BEFORE AGE 18 AND CONTINUES ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18		39. ☐ W/E MEETS QC REQ. IN QTR. ☐ W/E DOES NOT MEET QC REQ. HAS OF QTRS. FOR AOD ENDING		40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM TO ☒ NOT ESTABLISHED					
41. REMARKS <i>Exhibit 5</i>									
42. RE EXAM REQ									
43. DISABILITY EXAMINER									
44. DATE									
45. DISABILITY EXAMINER <i>Whitthorford SP</i>									
46. DATE 9/4/74									
47. ☐ BDI ☐ PC		48. LIR/PAR NO LG81		49. PRIOR ACT ☒ PD ☐ PI <i>PD-4</i>		50. BASIS CODE		51. A ORO CODE	
				52. RETURN CODE		53. CAT. ☐ W ☐ DIB ☐ OSF ☐ CH ☐ FR		54. SPECIAL CODE ☐ VA ☐ VAD	
55. LIST NO.									



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

76

BUREAU OF
DISABILITY INSURANCE

REFER TO
IDI-67
580-64-7912

SEP 13 1974

NOTICE OF RECONSIDERATION DETERMINATION

Mr. Jose R. Bruno
943 Bruckner Boulevard, Apartment 4D
Bronx, New York 10459

Dear Mr. Bruno:

Upon receipt of your request for reconsideration, we had your claim independently reviewed by a physician and disability examiner in your State agency which works with us in making disability determinations. All the evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. A careful review has been made of this evidence taking into consideration your age, education, training and work experience. We find that the previous determination denying your claim for disability insurance benefits was proper under the law.

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

If you have questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

ISSUED BY: Division of Reconsideration
Bureau of Disability Insurance

Enclosure (1)

let. 9/11/74

EXHIBIT

6

SSA-L681 (10-73)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

131

MEMORANDUM

DATE: 3/1/78
TO: DIRECTOR, SOCIAL SECURITY ADMINISTRATION

21 Federal Plaza, Room 3125
New York, New York 10007

Tel. No. 212-3811

March 3, 1978

Dr. Sidney Fishman
201 La Guardia Boulevard
New York, New York 10001

Re: Jose Bruno
A/N 580-66-7017

Dear Dr. Fishman:

The hearing in the case of Jose Bruno, originally scheduled for February 24, 1978, has been re-scheduled for 9:30 a.m. on March 28, 1978. Your presence at that time is requested.

Enclosed are three additional exhibits:

15. Report from Frank Peterson-Baez, M.D., dated 12-10-74
16. Professional qualifications, Frank Peterson-Baez, M.D.
17. Report from Hunts Point Multi-Service Center

Very truly yours,

Samuel C. Berson

Samuel C. Berson
Administrative Law Judge

CC: Jose Bruno

Exhibit No.

18

DR. SERAFIN IZQUIERDO
CHIROPRACTOR
1058 SOUTHERN BLVD.
BRONX, NEW YORK 10459
TELEPHONE KI 2-8228

132

March 11, 1975

To whom it may concern;

This is to certify that Mr. Jose Bruno was examined by me for acute pain in Lumbar spine. Mr. Bruno has acute pain in Lumbar region with radiating pain up toward the neck. Coughing or straining produces pain in low back area. Straight leg test - Positive. All spinal motions are limited due to spasm and pain present.

Due to my examination and X-Rays my prognosis is Poor. I feel that Mr. Bruno will progressively get worse.

Yours,

Dr. Serafin Izquierdo

Exhibit No. 19 (2 pages)

EXHIBIT

19

JOSE A. RIVERO, M.D., F.A.C.R.

133

MEDICAL ARTS BUILDING
1882 GRAND CONCOURSE
BRONX, N. Y. 10457

February 27, 1975

Dr. S. Izquierdo
1058 Southern Blvd.
Bronx, New York

RE: JOSE BRUNO

Dear Dr. Izquierdo:

Entire spine and pelvis:

Radiographic examination of the entire spine and pelvis discloses the following:

There is noted the presence of an old compression fracture through the body of L1 with a wedge shape deformity.

There is anterior bridging and spurring between D12 and L1.

There is no evidence of dislocation.

The vertebral bodies, otherwise outline within normal limits.

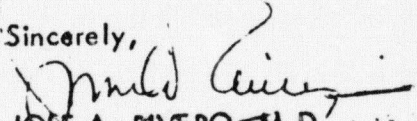
The intervertebral spaces, pedicles, transverse and spinous processes appear normal.

The sacro iliac joints and hips appear normal.

There is loss of the normal lordotic curvature in the cervical spine.

No other osseous or articular pathology demonstrated.

Sincerely,


JOSE A. RIVERO, M.D.

JAR/mu

EXHIBIT

192

1/3/75 - Heel pain minimal on palpation -
R. Cornea & a/n. Plea pain -
wet socks - PR week

Agitation -

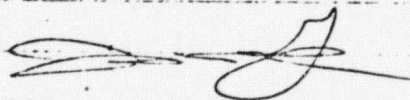
2.10.75 - Heel pain ↓ -
Pain limited on palpation 134
PR week ✓
Continue wet sock ✓

Left

9/10/75

no new complaints
needs completion of form from
Walsley's Compensation Board.
Advised that form is for the
Orthopedist & not for medical

Keep some aggr



8/19/40

01-14696

BRUNO, JOSE
MED-047-3493434
1/30/74

136

HUNTS POINT MULTI-SERVICE CENTER
661 Cauldwell Avenue
Bronx, New York

Paul Mejias
Chairman

Ramon S. Velez
President

4/2/75

This is to certify that Jose Bruno

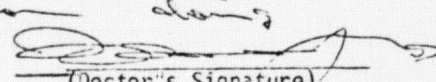
was examined by me and found to have the following:

- ① Diabetes mellitus, maturity onset
- ② Essential Hypertension
- ③ Exogenous Obesity.

Hypertension is presently under control by medications.

Diabetes mellitus is very labile and blood sugar still fluctuates; moderate control at present.

Obesity and low back pain syndrome prohibits patient from doing strenuous and gainful activities.


(Doctor's Signature)

993-3800 ext. 259

Please review accompanying Xerox copy of his entire medical record for this Center.

EXHIBIT 20³

April 3, 1975

Samuel C. Berson
Administrative Law Judge
26 Federal Plaza, Room 3138
New York, New York 10007

RE: Claim of Jose Bruno

Dear Judge Berson:

Enclosed is a medical evaluation of the claimant by Dr. Theodore Romana, and sheets from his medical record that have been added since it was furnished to your office.

The evidence before you in this claim dictates the conclusion that the claimant's back condition is disabling within the definition of federal law. Dr. Fishman's testimony that the use of a high stool would enable the claimant to work is, given the height of conveyor belts or other working areas involved, incompatible with the hypothetical condition that the claimant not be required to perform bending movements. Moreover, the hypothetical condition that the claimant be allowed to alternate sitting and standing positions was contradicted by Dr. Fishman's concession that periods of standing would be limited to regularity scheduled breaks in the work day.

Thank you for your cooperation in receiving this post hearing evidence.

Very truly yours,

John Bowers,
Staff Attorney

Enclosure:
JB/clj

AC-1
Exhibit

NAME

DATE OF BIRTH

TODAY'S DATE

CHART #

Gundorse

05/19/40

3/18/74

01-14696

New xray - shows spine l.h. still in
flexion and extension at compression point.

Let's say - Ed 10 -

PO RDR 11

Plg:

visit

(1) Taylor, Alice -

(2) RV - 6 mo

(3) Brown Corp. x100mm -

Div

4/25/74

RF

wt. = 243 lbs

4/24/74

Pt tolerating very well

Have some increased pain occasionally

Sharp radiative pain

Healed leg & strength in legs as before

Plan: We will try brace for 5 mo and
then decide if he needs fusion.

-RV 3 mo

Div

NAME

DATE OF BIRTH

TODAY'S DATE

CHART #

8-19-40

Bruno Jose 2-28/74

RT with hx - R. Compression of
 C6 - C7. Hx. heart.
 No pain in T-L spine
 with history to chest. Later
 arm into (L) leg
 weakness (L), ataxia. L2 - with
 numb.
 back soreness - not to (R)
 (L) shoulder high.

X-ray - Compression of T12-L1
 with spondylolisthesis

Plan: report R.P. 5/2/4
 dx + test fl.
 CP filter

Continue rehab

RV - 2 weeks

Dr. [Signature]

3/18/41 - RT with compression
 C6 - C7. Hx. heart - + (L) leg
 weakness in (L) leg

NAME

DATE OF BIRTH

TODAY'S DATE

CHART #

Bruno Josi

14696.

7-30-74

C. A. Hepatitis

Age 34 1/2 by 5 1/2

Tumor & tumor necrosis

last 6 months. Tumor necrosis

& embolization. Tumor necrosis

shows tumor necrosis

embolization

Tumor necrosis. Tumor necrosis

Tumor necrosis

embolization

Tumor necrosis

Tumor necrosis

Tumor necrosis

Tumor necrosis

wt. 248

(P. 1)

Tumor necrosis

Tumor necrosis

Tumor necrosis

Tumor necrosis

Tumor necrosis

Rtc 05/10/74

Tumor necrosis

Tumor necrosis

PHYSICIAN'S ORDERS AND PROGRESS NOTES

Family Name	First Name	D.O.B.	Chart No.
-------------	------------	--------	-----------

Date	ORDERS	Date	PROGRESS NOTES
------	--------	------	----------------

10/24 Orthopedics Wt: 245 lbs
 - Still overweight
 - Some complaint of low back
 pain. Patient apparently doesn't
 follow his diet. The wt reduction
 would be great. Patient claims
 is unable to work. Spite he is
 young although a low back
 pain even in bed rest

- H/C in 3 months

[Signature]

PHYSICIAN'S ORDERS AND PROGRESS NOTES

Bruno Jose
 Family Name First Name D.O.B. Chart No.

Date ORDERS Date PROGRESS NOTES

11/27/74 Wt. 243 BP. 140/90
 Regular insulin
 complaints

FE 100 stable
 FBS - 275

Rx Soma
 Dr. Brown made

FBS (fasting)

Dr. 4 notes

12/16/74
 1st day in L.H. Calcutta.

Plan: V. Day 1/1/1/1 (1/1/1/1) 1/1/1/1
 Radiotherapy consult

2/10/75 Feels better - R. (ms HCV - 7 @ 1000) 1/1/1/1
 RCT 1000

MSK

DOCTOR'S CONTINUATION SHEET

PATIENT'S NAME Burd, Joe D.O.B. _____ CHART # 01-141-96
 DATE 12/23/74

A 34 yr. old male of a chief complaint of
 (1) heel pain - - for mos. duration
 from pain on paration - weeks & long
 - a severely handicapped due to its condition
 X-Ray's reveal Spurring -

12. (1) with Spurring
 (2) Butyrate - 100 mg. 4 days
 100 mg. 4 days, 100 mg. 3 days
 & then 100 mg. 1 day

(3) 212 & weeks - for possible
 vegetation removed
 Drug - Drug etc. Butyrate &
 Spurring -
 100 mg. 4 days

1/13/75 - Some of the heel pain - but pain
 on paration - not nearly so bad
 Spurring - of 150 mg. Butyrate 100 mg.
 xylor into infection could help with -
 100 mg. 4 days + 100 mg. 3 days
 100 mg. 1 day

1/15 Butyrate - 100 mg. 4 days
 100 mg. 3 days + 100 mg. 1 day
 100 mg. 1 day

1/24/75 wt. 242 lbs. BP. 160/100
Has a cold for out. few days; no 144
expectation. DM & HSN still out
of control. no new issue DVS
offered

PE. suggested no change; no
radicals. Heart, lung, etc.

Dr. As before
Congo

Ry. ① D/C. Guinea

② Dickson 250 mg T.I.D.

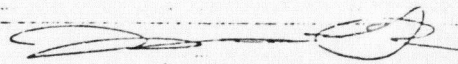
③ Renin DBI TD 5mg 3:2

④ Renin Loxit 10 mg CD

⑤ Renin En. 25 mg 3:2 T.I.D.

Lab. ⑥ Potassium DM 10 mg B.I.D.

FPS, DIN
M. 3:45



DOCTOR'S CONTINUATION SHEET

PATIENT'S NAME

Buse Jose

D.O.B.

CHART #

01-14691

DATE

1-27-75 - Still pain in repeat injection therapy
for insulin

2/4/75

- Osteoporosis: - Obese
- Still a low back pain- Wears a Knight type brace
for almost a year

- Continuous bed

- Laid out -

He in 3 months

2/10/75 wt = 247 lbs

Bp 140/100

TSS = 252 mg/dl

no more - still unable to walk with

Smile - can walk.

3 - very stable.

O

DM: Sero 1450

Obesity

- 250 mg

= 03

EARNINGS RECORD - P.I.A. DETERMINATION

ACCOUNT IDENTIFICATION										PERTINENT DATES										BOP SIGNALS									
SOCIAL SECURITY NUMBER	NAME	DATE OF BIRTH	FILING	DEATH	ONSET	ELECTION REQUEST	SCIP	TA	ED	NO	CR	NO	SE	NO	FR	IND	DAY	SEC	EDP	CASE	DE	101	BLOCK NUMBER	BY					
580 64 7912	BRUNOM M	08 19 40	03 22 74		07 27 73		04 15 04 15												EE 18239 26 9R				EA 11108 XN						
BOP		MARTIN																											

ESTABLISHED DISABILITY PERIOD

TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED
LAD																							

QUARTER OF COVERAGE TESTS										EARNINGS RECORD DATA										QC AND EARNINGS TOTALS									
REQUIRED BY	DATE	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED							
YES N/A YES	64	64	60137.74	60137.74																									

THE BENEFIT DATA IN BLOCKS 2 & 3 ARE CORRECT ACCORDING TO THE LAW ON THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD

WILLIAM E. HANNA, JR.
DIRECTOR

YEAR	EARNINGS	U	Q	SM	ST	AG	OWN	YEAR	EARNINGS	U	Q	SM	ST	AG	OWN
37	1064.12							67	5603.00	H	CCCC	0	0		
38	1140.00							68	5420.59	X	CCCC	0	0		
39	1200.00							69	5014.59	X	CCCC	0	0		
40	1215.00							70	6773.12	H	CCCC	0	0		
41	1157.11							71	6916.67	H	CCCC	0	0		
42	1308.44							72	8006.78	H	CCCC	0	0		
43	557.90							73	3531.59	CCNN	0	0			
44	4800.00							74		NNNN	0	0			
45	3412.03							75							
46	445.20							76	1574.60	CCCC	0	0			

DATE 4-12-74

TYPE OF ACTION

DO CODE

CORR

DIB 01 74 158

BOP REMARKS 015 DCL 06/30/78

FULLY INS RIB

NAME	DOB	VLW	SM	COMPENSATION	SM	COMPENSATION	GROSS RESIDUAL

BENEFIT COMPUTATIONS									
TYPE	FIRST BASE YR	LAST BASE YR	DIVIDEND	QWAR RATE	ELATED	POUR	DM	1/2	MS
NS 65 DIS EX	1951	1973	38731.75	NONE	62-72	72			283.205
NS 65	314.40								

DO FOR EDI REMARKS

BENEFIT COMPUTATIONS									
TYPE	FIRST BASE YR	LAST BASE YR	DIVIDEND	QWAR RATE	ELATED	POUR	DM	1/2	MS
NS 65 DIS EX	1951	1973	38731.75	NONE	62-72	72			303.108 314.400

BENEFIT COMPUTATIONS									
TYPE	FIRST BASE YR	LAST BASE YR	DIVIDEND	QWAR RATE	ELATED	POUR	DM	1/2	MS
NS 65 DIS EX	1951	1973	38731.75	NONE	62-72	72			303.108 314.400

227
1974
BODMAN HANNA

Exhibit No. 7



MEDICAL HISTORY AND DISABILITY REPORT

(Please type or print clearly)

Form Approved
OMB No. R-0554

78

PLEASE COMPLETE THIS FORM. COMPLETE ANSWERS WILL AID IN THE PROMPT PROCESSING OF YOUR CLAIM. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions.

NAME OF CLAIMANT Jose R. Bruno-Martinez		SOCIAL SECURITY NUMBER 580-64-7912
AGE LAST BIRTHDAY 33	EDUCATION (Highest grade completed) 1st elem.	TRADE SCHOOLS, SERVICE SCHOOLS OR JOB TRAINING none

WHAT IS CLAIMANT'S ILLNESS OR INJURY?

Diabetes, back injury

I.A. When did your illness or injury first bother you?

MONTH, DAY, YEAR

2/1/66

B. When did your illness or injury finally prevent you from working?

MONTH, DAY, YEAR

7/27/73

C. Explain why you stopped working.

I hurt my back in 2/1/66. I was operating a machine and was thrown off of it. I fell down and hurt my back. I continued to work even though my back hurt me until 7/27/73 when I was laid off. My back and diabetes affected me to an extent where I have been unable to work at all now.

D. Did you return to work after the date shown in I.B. above?

☐ Yes

☒ No

Answer this question only if the dates in I.A. and B. above are not the same.

E. Before you stopped working, did your illness or injury cause you to change:

Your job or job duties?

☐ Yes

☒ No

Your hours of work?

☐ Yes

☒ No

Your attendance?

☐ Yes

☒ No

(Explain how your condition caused these changes and show the dates the changes were made).

EXHIBIT

8

II.A. List the name, address and telephone number of the doctor who has your latest medical records. • If you have no doctor, check here ☐

NAME AREA CODE AND TELEPHONE NUMBER	ADDRESS 79
HOW OFTEN DO YOU SEE HIM?	DATE YOU FIRST SAW HIM
REASONS FOR VISITS	

TYPE OF TREATMENT RECEIVED

B. Have you seen any other doctor since your illness or injury began? ☒ Yes ☐ No
If "Yes," show the following:

NAME <i>Hunts Point Multi Service Center</i> AREA CODE AND TELEPHONE NUMBER <i>995-3800</i>	ADDRESS <i>661 Caldwell Ave Bronx, NY 10455</i>
HOW OFTEN DO YOU SEE HIM? <i>Every 2 wks</i>	DATE YOU LAST SAW HIM <i>3/18/74</i>
REASONS FOR VISITS <i>Back, diabetes</i>	

TYPE OF TREATMENT RECEIVED

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits on Page 5.

C. Have you been hospitalized or treated at a clinic for your illness or injury? ☒ Yes ☐ No
If "Yes," show the following:

NAME OF HOSPITAL OR CLINIC <i>Prospect Hospital</i> PATIENT OR CLINIC NUMBER <i>K12-1520</i>	ADDRESS <i>730 Kelly St Bronx, NY 10455</i>
WERE YOU AN INPATIENT? (STAYED AT LEAST OVERNIGHT) ☒ Yes ☐ No IF "YES,"	DATES OF ADMISSIONS <i>11/5/73</i>
WERE YOU AN OUTPATIENT? ☒ Yes ☐ No IF "YES,"	DATES OF DISCHARGES <i>11/20/73</i>
REASON FOR HOSPITALIZATION OR CLINIC VISITS <i>Back</i>	DATES OF VISITS <i>7/31/73 to Present</i>

TYPE OF TREATMENT RECEIVED

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits on Page 5.

D. Have you been seen by other agencies for your injury or illness? ☒ Yes ☐ No
(VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.)
If "Yes," show the following:

NAME OF AGENCY <i>Boulevard W.C. 47</i> YOUR CLAIM NUMBER <i>HR-493439-1</i>	ADDRESS OF AGENCY <i>1716 Southern Blvd Bronx, NY</i>
DATES OF VISITS	

TYPE OF TREATMENT OR EXAMINATION RECEIVED

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received on Page 5.

EXHIBIT

82

III. Has your doctor told you to restrict your activities in any way? ☒ Yes ☐ No
 If "Yes," give the name of the doctor and state what he told you about restricting your activities. 80

Drs at H. P. M. S. C. have advised me I should not work.

IV. Are your home duties, social activities or ability to care for your personal needs limited in any way? ☒ Yes ☐ No
 If "Yes," describe how and why they are limited.

I cannot bend, I cannot sit for long periods of time, I cannot stand for long periods of time. I am unable to lift heavy objects. I am stiff and when I climb up/down stairs, I feel pain all through my back - Room mark down.

V. List all regular jobs you have had in the last 15 years before you stopped working. (If you are 55 or older AND have a 6th grade education or less, AND performed only heavy unskilled labor in the last 15 years, list all of the jobs you have had since you began to work. If you need more space, use page 5.)

JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month and Year)		DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)
		FROM	TO		
Operator of heavy equipment	Construction	1961	1968	5	\$3.10/hr
General Worker	Factory	1968	1973	5	\$1.10/WC

VI.A. What was your usual job in the 15 years before you stopped working? (Usually this will be the kind of work you did for the longest period of time.) (JOB TITLE)

B. Describe the duties of your usual job in your own words:

I would operate bulldozers, etc. where I had to exert a lot of energy and involved a lot of movement.

As general worker in factory I had to lift boxes of soap for delivery. I had to pack the boxes, put them on trucks and packed.

EXHIBIT

83

(CONTINUE ON TOP OF PAGE 4)

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF)

SIGN
HERE

Jose R. Brund

DATE

3/22/74

EXHIBIT

84

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

NAME OF CLAIMANT

Jose R. Bernal-Montoya

SOCIAL SECURITY NUMBER

580-64-7912 82

IX.A. Observations

*We had difficulty getting up from chair.
Used cane to walk with. Looked uncomfortable
sitting but was pleasant throughout
interview.*

B. Claimant requires assistance

☒ Yes

☐ No

If "Yes," show name, address, phone number and relationship of interested person.

EXHIBIT

85

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

C. 1. MEDICAL DEVELOPMENT—NON SD

83

SOURCE	DATE REQUESTED	DATE FOLLOW UP	DATE RECEIVED

2. MEDICAL DEVELOPMENT—SD

SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE
SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE
SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE

D. To DO Interviewer or Reviewer

- Disregard this item when a reconsideration request is being filed.
- For DO completed form:
If any block, D1-D5 is checked by DO interviewer, omit sections III-VII of this form in accordance with CM 6513.9D.
- In reviewing a claimant completed form, if it appears from the SSA-821, the complete SSA 401 or DO observation that a condition in D1-D5 is present, proceed in accordance with CM 6513.9D.

- ☐ Is now working for more than the SGA earnings guide line described in CM 6403(a).
- ☐ Is now in a hospital because of the disabling impairment. (Do not check if on convalescent leave or in a nursing home, or expects to be released from the hospital in the next 2 weeks.)
- ☐ Has lost the complete use of 2 or more limbs.
- ☐ Has lost a leg or a foot because of diabetes or circulatory disease.
- ☐ Is unable to see, even with glasses.
☐ Is unable to hear, even with a hearing aid.
☐ Is unable to speak.

E. SSA 401 TAKEN BY

☒ PERSONAL INTERVIEW
☐ TELEPHONE

☐ MAIL

F. SIGNATURE OF INTERVIEWER OR REVIEWER

Wm H. Hunkeler

TITLE

CK

FORM SUPPLEMENTED

☐ YES ☒ NO

IF YES, BY

☐ PERSONAL INTERVIEW

☐ TELEPHONE

☐ MAIL

DO NOT

*Hand P4
158*

DATE

*3/22/74
86*

EXHIBIT



MEDICAL HISTORY AND DISABILITY REPORT

(Please type or print clearly)

84

PLEASE COMPLETE THIS FORM. COMPLETE ANSWERS WILL AID IN THE PROMPT PROCESSING OF YOUR CLAIM. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions.

NAME OF CLAIMANT <i>Jess. R. Bruce</i>		SOCIAL SECURITY NUMBER <i>580-64-7912</i>
AGE LAST BIRTHDAY <i>33</i>	EDUCATION (Highest grade completed) <i>15th grade</i>	TRADE SCHOOLS, SERVICE SCHOOLS OR JOB TRAINING <i>none</i>

WHAT IS CLAIMANT'S ILLNESS OR INJURY?

Back Condition: HBP Diabetes

1.A. When did your illness or injury first bother you?

MONTH, DAY, YEAR

2/1/66

B. When did your illness or injury finally prevent you from working?

MONTH, DAY, YEAR

11/xx/2

C. Explain why you stopped working.

I had an accident in 1966 in which the machine I was operating went over a cliff. I was hospitalized for about 3 weeks and in treatment as an outpatient for 1 year. Although I remained with some pain my condition did not interrupt with my work until 11/73 when as a result of treatment in a public hospital my back condition disabled me.

D. Did you return to work after the date shown in I.B. above?

☐ Yes☒ No

Answer this question only if the dates in I.A. and B. above are not the same.

E. Before you stopped working, did your illness or injury cause you to change:

Your job or job duties?

☐ Yes☐ No

Your hours of work?
Your attendance?

☐ Yes

No

☐ Yes☐ No

(Explain how your condition caused these changes and show the dates the changes were made).

EXHIBIT

9

II.A. List the name, address and telephone number of the doctor who has your latest medical records. If you have no doctor, check here ☒

NAME ADDRESS 85

AREA CODE AND TELEPHONE NUMBER

HOW OFTEN DO YOU SEE HIM?

DATE YOU FIRST SAW HIM

DATE YOU LAST SAW HIM

REASONS FOR VISITS:

TYPE OF TREATMENT RECEIVED:

B. Have you seen any other doctor since your illness or injury began? ☐ Yes ☒ No
If "Yes," show the following:

NAME ADDRESS

AREA CODE AND TELEPHONE NUMBER

HOW OFTEN DO YOU SEE HIM?

DATE YOU FIRST SAW HIM

DATE YOU LAST SAW HIM

REASONS FOR VISITS:

TYPE OF TREATMENT RECEIVED:

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits on Page 5.

C. Have you been hospitalized or treated at a clinic for your illness or injury? ☒ Yes ☐ No
If "Yes," show the following:

NAME OF HOSPITAL OR CLINIC ADDRESS

HOSPITAL DEL SEGURO DEL ESTADO AMARDO 1792

PATIENT OR CLINIC NUMBER SAN JUAN, P.R.

WERE YOU AN INPATIENT? (STAYED AT LEAST OVERNIGHT)

☒ Yes ☐ No DATES OF ADMISSIONS DATES OF DISCHARGES

WERE YOU AN OUTPATIENT?

☒ Yes ☐ No DATES OF VISITS

REASON FOR HOSPITALIZATION OR CLINIC VISITS

TYPE OF TREATMENT RECEIVED

Accident

REST - MEDICATION

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits on Page 5.

D. Have you been seen by other agencies for your injury or illness? ☐ Yes ☒ No

(VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.)

If "Yes," show the following:

NAME OF AGENCY ADDRESS OF AGENCY

YOUR CLAIM NUMBER

DATES OF VISITS

TYPE OF TREATMENT OR EXAMINATION RECEIVED

EXHIBIT 9²

If more space is needed, list the other agencies, their addresses, your claim numbers, dates and treatment received on Page 5.

III. Has your doctor told you to restrict your activities in any way? ☒ Yes ☐ No
 If "Yes," give the name of the doctor and state what he told you about restricting your activities. 86

*I have been told not to climb
 or descend stairs. Not to
 walk too much.*

IV. Are your home duties, social activities or ability to care for your personal needs limited in any way? ☐ Yes ☒ No
 If "Yes," describe how and why they are limited.

V. List all regular jobs you have had in the last 15 years before you stopped working. (If you are 55 or older, AND have a 6th grade education or less, AND performed only heavy unskilled labor in the last 15 years, list all of the jobs you have had since you began to work. If you need more space, use page 5.)

JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month and Year)		DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)
		FROM	TO		
<i>Heavy Equipment Operator</i>	<i>Construction</i>	<i>1986</i>	<i>11/73</i>	<i>5</i>	<i>\$140/week</i>

VI.A. What was your usual job in the 15 years before you stopped working? (Usually this will be the kind of work you did for the longest period of time.) (JOB TITLE)

B. Describe the duties of your usual job in your own words:

*I operated heavy machinery
 on construction sites. Operated
 pumps, bulldozers, tractors, etc.*

EXHIBIT 93

(CONTINUES ON TOP OF PAGE 4)

VIII. Use this section for additional space to answer any previous questions and any additional information that you think will be helpful in making a decision in your disability claim. Please refer to the previous questions by number, such as IIB (Other Doctors), V (Other Jobs)

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IIC. ① HUNT'S PATENTS SOURCE

661 CARLISLE AVE

BARRY NY 10455 TEL 993-3800

OPD# 14696

REASON: BACK CONDITION; DIABETIS

TREATMENT: MEDICATION; XRAY

② DRESDEN HOSPITAL

736 KELLY ST, BARRY NY 10455

REASON: DIABETIS; BACK CONDITION

TREATMENT: Traction; MEDICATION;

BED REST

DATES: 11/5/73 - 11/20/73 - IN

OPD# - 73-6925 OUT - 11/20/73

TO PRESENT

TEL: 212-542-2335

EXHIBIT

91

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EXHIBIT 9^s

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF)

DATE

SIGN
HERE*Jerri R. Brown**7/23/74*

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

NAME OF CLAIMANT

Jose Bruno

SOCIAL SECURITY NUMBER

580-647912. 89

IX.A. Observations

Claimant is 73yr old male
Hgt 5'0" wt 230lb. approx 230lb.
Strong ext. Neatly dressed.

Claimant uses a cane.
Walks slowly and with apparent
discomfort. Some rigid stiff
apparently from braces. Got up
and sat down several times during
interview as if uncomfortable in
either way.

B. Claimant requires assistance
If "Yes," show name, address, phone number and relationship of interested
person.

☐ Yes

☒ No

EXHIBIT

9'

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

C. 1. MEDICAL DEVELOPMENT—NON SD

90

SOURCE	DATE REQUESTED	DATE FOLLOW UP	DATE RECEIVED

2. MEDICAL DEVELOPMENT—SD

SOURCE		CAPABILITY DEVELOPMENT NEEDED:
DATE REQUESTED	DATE RECEIVED	☐ YES ☐ NO
		☐ DO WILL UNDERTAKE
		☐ SA SHOULD UNDERTAKE
SOURCE		CAPABILITY DEVELOPMENT NEEDED:
DATE REQUESTED	DATE RECEIVED	☐ YES ☐ NO
		☐ DO WILL UNDERTAKE
		☐ SA SHOULD UNDERTAKE
SOURCE		CAPABILITY DEVELOPMENT NEEDED:
DATE REQUESTED	DATE RECEIVED	☐ YES ☐ NO
		☐ DO WILL UNDERTAKE
		☐ SA SHOULD UNDERTAKE

D. To DO Interviewer or Reviewer:

- Disregard this item when a reconsideration request is being filed.

- For DO completed form. If any block, D1-D5 is checked by DO interviewer, omit sections III-VII of this form in accordance with CM 6513.9D.

- In reviewing a claimant-completed form, if it appears from the SSA-821, the complete SSA-401 or DO observation that a condition in D1-D5 is present, proceed in accordance with CM 6513.9D.

- ☐ Is now working for more than the SGA earnings guideline described in CM 6403(a).
- ☐ Is now in a hospital because of the disabling impairment. (Do not check if on convalescent leave or in a nursing home, or expects to be released from the hospital in the next 2 weeks.)
- ☐ Has lost the complete use of 2 or more limbs.
- ☐ Has lost a leg or a foot because of diabetes or circulatory disease.
- ☐ Is unable to see, even with glasses.
☐ Is unable to hear, even with a hearing aid.
☐ Is unable to speak.

E. SSA-401 TAKEN BY

- ☒ PERSONAL INTERVIEW
☐ TELEPHONE ☐ MAIL

FORM SUPPLEMENTED ☐ YES ☒ NO

If "Yes," by

- ☐ PERSONAL INTERVIEW ☐ TELEPHONE ☐ MAIL

EXHIBIT 97

F. SIGNATURE OF INTERVIEWER OR REVIEWER

TITLE

DO OR BO

DATE

Peter Lorenz

Pat

RIC

7/23/74

PROSPECT HOSPITAL

DISCHARGE SUMMARY

BRUNO, JOSE 301A 91
 ADM. 11-5-73 AGE 33 IIA
 73-6925 D/B 8-19-40
 DR. H. VAZQUEZ
 BRUNO, JOSE 301A

DATE OF ADMISSION: 11/5/73	DATE OF DISCHARGE: 11/20/73	CONDITION ON DISCHARGE:	IMPROVED	UNIMPROV.	NOT APPL.	DIED
DISCHARGE DIAGNOSIS: PRIMARY: <i>Chronic Gastritis & Duodenitis</i>		CODE				
SECONDARY: <i>Chronic Gastritis</i>						
OPERATIONS: <i>None</i>						

BRIEF HISTORY & ESSENTIAL PHYSICAL FINDINGS:

*No of diabetes -
 Adm. low back pain
 Proct. surgery 1966
 (R. Miller) for treatment*

SIGNIFICANT LABORATORY, X-RAY & CONSULTATION FINDINGS:

*BS 18.5
 Uric Acid 6.5
 BUN 13
 Alb 1-2 WBC
 LDH 300 - Old Ex 1-1 to CA
 WBC neg
 WBC 5500
 Hb 16.0*

COURSE IN HOSPITAL, COMPLICATIONS, TREATMENT, DISPOSITION, PROGNOSIS:

*Diagnosis: Chronic Gastritis & Duodenitis
 Patient on medication for back
 to follow up on
 Disposition: to office*

EXHIBIT 10

DATE: 11/20/73 SIGNATURE: *[Signature]*

(CONTINUE ON REVERSE SIDE IF NECESSARY)

DISCHARGE SUMMARY

Exhibit No. 10

H. P. M. S. C. Corp.
Health Program
661 Cauldwell Ave.
Bronx, N. Y. 10455

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3/16/64

To Whom It May Concern

Jose Bruno, is disabled at present
time and is under treatment for
back pain subsequent to 4 spine dys
ago.

Please consider him for social service
disability as he will probably be
disabled more 6 mos or more

Dr. Annis Weiss
Dover 300
Weiss

Exhibit No. 11 (3 pages)

Please supply the following information from your records:

93

1. Dates of treatment: 2/28/74, 3/18/74, 4/29/74
2. Diagnosis: Compression fracture T12-L1
3. Detailed findings on physical or mental status examination:

7-10-12 11: 3

Back pain, Thoracic - weakness @ leg -

4. Detailed results of laboratory tests or other diagnostic studies:

CBC, nl WBC nl EKG nl
Sed rate - nl VPRC nl
Latex - nl FBS - 185 (x2)

5. Please include copies of special test results checked below or indicate that the particular test was never performed. If original report is submitted, it will be photocopied for our files and returned to you promptly.

- a. EKG; nl Not Performed
- b. X-ray of Spine + Hips; Not Performed
- c. Pathology Report; Not Performed
- d. _____; Not Performed

6. Treatment and response:

Heat, rest
Dawson, Valium
Back brace

EXHIBIT 11²

Signature Thomas W. Wise M.D.

Date 6/10/74



94

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
BUREAU OF DISABILITY DETERMINATIONS
TWO WORLD TRADE CENTER
NEW YORK, N. Y. 10047

ABE LAVINE
COMMISSIONER

Telephone - Area Code 212 - 488-

Date: MAY 7 1974

Claimant:

Soc. Sec. Acct. No.:

This Bureau is making a determination of disability based on an application filed by your patient with the federal Social Security Administration. He is required to furnish medical evidence in support of the claim and is responsible for any costs incurred. Written consent (copy enclosed) has been given for us to request this evidence from you on his behalf.

We would appreciate your furnishing from your records the information requested on the reverse, which would be helpful to us in fully evaluating the claimant's impairment in terms of the standards for our particular program. You may reply directly on our form, submit a copy of your records, or provide a report on your letterhead, whichever is most convenient. A stamped return envelope is enclosed.

Your cooperation in this matter will be most helpful in our making a prompt decision on your patient's application for Social Security disability benefits.

Sincerely yours,

Philip Mac I. Bourland, M.D.
Philip Mac I. Bourland, M.D.
Chief Medical Consultant

Enclosure

DF-215 (12/73)

PLEASE RETURN ONE COPY OF THIS LETTER
WITH YOUR REPLY IN THE ENCLOSED PRESTAMPED ENVELOPE

(OVER PLEASE)

EXHIBIT 11³

Please supply the following information from your records:

1. Dates of treatment: (FIRST + LAST) 2/28/74 - 4/29/74
2. Diagnosis: Compression fracture spine (healed) - back pain
3. Detailed findings on physical or mental status examination:
Back pain, weakness Bilig.
4. Detailed results of laboratory tests or other diagnostic studies:
Hb, CBC, UA, VORL - pos -
Ser. chem
later
5. Please include copies of special test results checked below or indicate that the particular test was never performed. If original report is submitted, it will be photocopied for our files and returned to you promptly.
 - a. EKG; Not Performed Compression fr spine T12-L1
 - b. X-ray of Spine (include interpretation); Not Performed
 - c. Pathology Report; Not Performed
 - d. _____; Not Performed
6. Treatment and response:

7. Describe any restriction of motion - Can't bend forward
Can't lift heavy objects
8. State patient's residual functional capacity - ability to
 - a) walk - in blocks - unlimited
 - b) stand & sit - in hours - unlimited sitting - shouldn't stand > 1 hr
 - c) lift - in pounds - 25 lbs - max -
 - d) work - in positions: Shouldn't do this - wear brace
9. Prognosis: at all times
Pt will have back symptoms on & off for remainder of life. If these become too severe - Spine fusion should be carried out.

EXHIBIT 114

Signature

Dennis L. Davis

M.D.

Date

6/6/74



STATE OF NEW YORK

DEPARTMENT OF SOCIAL SERVICES
BUREAU OF DISABILITY DETERMINATIONS
TWO WORLD TRADE CENTER
NEW YORK, N. Y. 10047

Telephone - Area Code 212 - 488-

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ABE LAVINE
COMMISSIONER

*Devon Weiss M.D.
H.C.M.S.C. Corp.
661 Caldwell Ave.
Bronx, NY 10455*

Date: MAY 7 1974

Claimant: *Jose Bruno
443 Michael Blvd.*

Soc. Sec. Acct. No.: *580-64-7912*

This Bureau is making a determination of disability based on an application filed by your patient with the federal Social Security Administration. He is required to furnish medical evidence in support of the claim and is responsible for any costs incurred. Written consent (copy enclosed) has been given for us to request this evidence from you on his behalf.

We would appreciate your furnishing from your records the information requested on the reverse, which would be helpful to us in fully evaluating the claimant's impairment in terms of the standards for our particular program. You may reply directly on our form, submit a copy of your records, or provide a report on your letterhead, whichever is most convenient. A stamped return envelope is enclosed.

Your cooperation in this matter will be most helpful in our making a prompt decision on your patient's application for Social Security disability benefits.

Sincerely yours,

Philip Mac I. Bourland, M.D.
Philip Mac I. Bourland, M.D.
Chief Medical Consultant

Enclosure

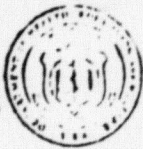
DF-215 (12/73)

PLEASE RETURN ONE COPY OF THIS LETTER
WITH YOUR REPLY IN THE ENCLOSED PRESTAMPED ENVELOPE
(OVER PLEASE)

EXHIBIT 11⁵

PROFESSIONAL QUALIFICATIONS

1. Physician's Name WISE DENNIS WATKINS 97
(Last) (First) (Middle)
Hospital for Special Surgery, New York, N.Y. 10021
2. Address From letterhead: 661 Cauldwell Ave., Bronx, N.Y. 10455
3. Year of Birth (B): 1939
4. Medical Education (ME): State: New York
School: Cornell University Medical College, New York
Year of Degree: 1967
5. Year of License (L): 1971
6. American Specialty Boards (AB):
7. Medical Specialties: Surgery, Orthopedic
8. Type of Practice (TOP): Resident
9. National Scientific Medical Societies (SS):
10. Professorial Appointments (PA): State:
School:
Title & Current Status:
11. Other Information (e.g., Hospital Appointments):
12. Sources of Information: American Medical Directory
Year: 1973 Edition: 26th Page: 1211
- Other Sources:



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

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BUREAU OF
HEARINGS AND APPEALS

REFER TO:

January 24, 1975

Mr. Sidney Fishman
200 Cabrini Boulevard
New York, New York 10033

580-64-7912

(Social Security Number)

Dear Mr. Fishman:

Jose R. Bruno has an application pending for social security disability benefits. A hearing on the claim is scheduled for Monday, the 24th day of Feb. 1975 at 9:30 a.m. o'clock in Room 3138 of the Federal Building, (Number and Street)
(City) (State)

You are requested to give testimony as a vocational expert, primarily to cover the period July 27, 1973 to February 24, 1975. Your presence throughout the hearing is desired since your testimony will be based, in part, on the testimony given by the claimant and any other witnesses, including a medical advisor if needed.

Enclosed are the exhibits (and a list of these exhibits) tentatively selected for inclusion in the record of this case. Also enclosed is an acknowledgment card for you to complete and sign.
~~XX~~

Sincerely yours,

Samuel C. Berson

Samuel C. Berson
Administrative Law Judge
~~XXXXXXXXXXXXXXXXXXXX~~

Enclosures:

12 exhibits

List of exhibits

~~XX~~

Form HA-504.1

cc: Name and address of representative or claimant

Mr. Jose R. Bruno
943 Bruckner Boulevard, Apt. 4D
Bronx, New York 10459

EXHIBIT No. 13

PLEASE SEE REVERSE SIDE FOR
INFORMATION ON MATTERS UPON
WHICH YOU WILL BE ASKED TO TESTIFY.

SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS
P.O. BOX 2513
WASHINGTON, D.C. 20013

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RESUME OF EXPERIENCE AND BACKGROUND

December 18, 1970

Please print or type all entries. Attach
extra sheets as needed. Submit in duplicate

HOME PHONE: WA. 8-8959 (212) Social Security NO. 152-22-1367
(Area Code)
OFFICE PHONE: 679-3200, Ext. 3701

1. NAME Fishman Sidney - Date of Birth May 28, 1919
Last First Middle

2. MAILING ADDRESS 200 Cabrini Blvd.
New York, N.Y. 10033
(Zip)

3. PRESENT EMPLOYMENT

Present Employer New York University Date of
Institution or Firm Senior Research Scientist First Employment 1947
Adjunct Prof. of Rehabilitation In This Position
Your Position or Title Director, Prosthetic-Orthotic Research & Education. No. of Hours
30 Worked Per Wk.

Description of Your Duties Responsible for educational programs in prosthetic-
orthotic rehabilitation for physicians and surgeons, therapists, prosthetists,
orthotists, and rehabilitation counselors; supervise interdisciplinary prosthetic-
orthotic research programs including engineering, physical medicine, surgery,
physiology and psychology; provide rehabilitation counselling to selected patients
with physical handicaps.

4. PREVIOUS EXPERIENCE -- Begin with your earliest employment in psychological area
and continue chronologically. Do not include minor positions. Use additional
sheets if necessary.

	<u>Position or Title</u>	<u>Employed</u>	<u>To</u>	<u>Institution or Firm</u>
		<u>From</u>		
(a)	<u>Vocational Counselor</u>	<u>1939</u>	<u>1940</u>	<u>Community Employment Service</u>
Duties	<u>Interviewed, tested and counseled clients of public guidance and placement</u> <u>agency.</u>			
(b)	<u>Occupational Analyst</u>	<u>1940</u>	<u>1941</u>	<u>Employment Service</u>
Duties	<u>Performed job analyses, occupational comparison studies and assisted in</u> <u>revisions of the Dictionary of Occupational Titles. Prepared occupational</u> <u>briefs.</u>			
(c)	<u>Personnel Technician</u>	<u>1941</u>	<u>1942</u>	<u>Headquarters, 29th Division</u>
Duties	<u>Member of section which operated classification, assignment and testing</u> <u>program for the Division.</u>			

Continued on attached sheet

Exhibit No. 14 (10 pages)

Position or Title	Employed		Institution or Firm
	From	To	
(d) Clinical Psychologist Set up and operated a psychological and vocational advisement section as part of the neuropsychiatric division.	1942	1942	Station Hospital, Fort Meade
(e) Psychological Examiner Established psychological screening program at two induction stations; interviewed, tested and examined appropriate records for Army selection purposes.	1942	1943	Armed Forces Induction Stations
(f) Personnel Research Technician Construction and validation of two Army course examinations; 1) Occupations and Vocational Psychology and 2) Social Psychology.	1943	1943	The Adjutant General's Office, War Department
✓ (g) Educational Advisor and Classification Officer In charge of the advisement and assignment of 1500 basic and advanced engineering students.	1943	1944	Massachusetts Institute of Tech.
✓ (h) Psychological Counselor Organized and established a psychological counseling section and was member of the counseling staff of experimental separation center.	1944	1944	Tilton Hospital & Separation Center
(i) Instructor, Vocational Guidance Was member of the original instructional staff; participated in inaugurating school by planning curriculum and courses.	1944	1945	Separation Counseling School
✓ (j) Clinical Psychologist In charge of the psychological section providing clinical testing and counseling service for overseas returnees.	1945	1945	Army Ground & Service Force Redistribution Station
(k) Classification and Assignment Officer Responsible for the classification and assignment of officer personnel assigned to the service troops of the 6th Army.	1945	1946	Headquarters, ASCOM
(l) Personnel Research Psychologist Development and validation of psychological tests and rating techniques, such as officer efficiency scales and non-language intelligence tests.	1946	1947	War Department

Listings (c) through (l) above are military assignments.

EXHIBIT 142

(a) Undergraduate

College of the City of New York	B.S.	June 1939	Psychology
Institution	Degree	Date of Degree	Major Subject

(b) Graduate

Institution	Dates of Attendance	Degree	Major Field	Graduated	
				Yes	No
Columbia University	Sept. 1939-June 1940	M.A.	Vocational Guidance	X	
Columbia University	Sept. 1946-June 1949	Ph.D.	Psychology	X	

PUBLICATIONS

List publications with journal references.

See attached listing

PROFESSIONAL RECOGNITION

American Association for the Advancement of Science
 American Personnel and Guidance Association
 National Vocational Guidance Assoc.
 American Rehabilitation Counselors Assoc.
 American Psychological Assoc. - Fellow
 National Rehabilitation Assoc.
 International Society for the Rehabilitation of the Disabled
 New York Academy of Sciences
 Eastern Psychological Assoc.
 New York State Psychological Assoc.
 Conference on Prosthetic-Orthotic Education
 Certified Psychologist - New York State Dept. of Education
 Who's Who in the East
 American Man of Science
 Leaders in American Education
 Dictionary of International Biography
 Community Leaders of America
 New York State Dept. of Education

CONSULTATIVE ACTIVITIES (PAST OR PRESENT)

1962 - date Social Security Administration, Washington, D.C.
 1967 - date Social and Rehabilitation Services, Dept. of Health, Education and Welfare
 1968 - date Project HOPE
 1968 - date American Orthotic and Prosthetic Assoc.-American Board for Certification in Orthotics and Prosthetics, Inc.
 1970 - date Maternal and Child Health Service, U.S. Public Health Service, H.R.W.

EXHIBIT 143

COMMITTEE MEMBERSHIP

1952 - 1964 Committee on Prosthetic Research and Development, National Research
1969 - date Council-National Academy of Sciences; Member of Subcommittee on
Child Prosthetics Problems 1957-date

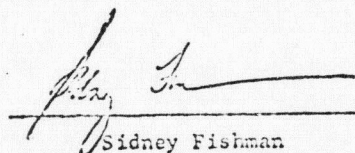
1959 - date Amputee Service Program Advisory Committee, New York City Department
of Health

1960 - date University Council on Prosthetic-Orthotic Education

1969 - date Subcommittee on Special Educational Projects in Prosthetics and
Orthotics, Committee on Prosthetic-Orthotic Education, NRC-NAS

1969 - date Committee on International Relations, Council on Psychological
Aspects of Disability, Division 22, American Psychological Assoc.

1970 - date Committee on Education, American Prosthetic and Orthotic Assoc. -Chairman
Committee on Education, Int. Society for Prosthetics & Orthotics-Chairman


Sidney Fishman

SELECTED PUBLICATIONS

1. FISHERMAN, S., "Self-concept and adjustment to leg prosthesis," Doctoral dissertation, Columbia University, 1949, privately published.
2. _____, "Spiegel, H., and Shor, J., "A hypnotic ablation technique for the study of personality development," Psychosomatic Medicine, 7:273-278, September 1945.
3. _____, Experimental Design for the Testing of Prosthetic Devices for Above-Knee Amputee. (New York: Research Division, College of Engineering, New York University, 1947).
4. _____, Kransdorf, M., and Lifton, W., "Study of Amputee Acceptance of Prosthetic Devices," Journal of Physical and Mental Rehabilitation, 4(1): 17-19, February-March, 1950.
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EXHIBIT 14¹⁰

HUNTS POINT MULTI-SERVICE CENTER
661 Cauldwell Avenue
Bronx, New York

Paul Mejias
Chairman

Ramon S. Velez
President

12/10/74

This is to certify that Mr. Juan R. Baez

was examined by me and found to have the following:

He is unable to bend over nor sit for any long period of time. X Rays of Thoracic-Lumbar spine reveal:
A Compression Deformity of the anterior portion of the body of L1, most probably as result of old compression fracture.
T12-L1 disk space is narrowed and osteophyte formation is seen in margins of adjacent bodies.

This gentleman is unable to work

F. R. Baez
(Doctor's Signature)

993-3800 ext. 259

Exhibit No.

15

PROFESSIONAL QUALIFICATIONS

110

1. Physician's Name Petersen-Raez Frank
(Last) (First) (Middle)

* 2. Address New York Polyclinic Hospital
New York, New York 10019

3. Year of Birth (B): 1927

4. Medical Education (ME): ~~MD~~ Spain

School: Facultad de Medicina de la Universidad de Madrid,
Madrid

Year of Degree: 1964

5. Year of License (L): _____

6. American Specialty Boards (AB): _____

7. Medical Specialties: Internal Medicine

8. Type of Practice (TOP): _____

9. National Scientific Medical Societies (SS): _____

10. Professorial Appointments (PA): State: _____

School: _____

Title & Current Status: _____

11. Other Information (e.g., Hospital Appointments): _____

12. Sources of Information:

American Medical Directory
Year: 1973 Edition: 26th Page: 2957

Other Sources: _____

* address on report: Hunts Point Multi-Service Center
661 Cauldwell Avenue, Bronx, New York

PHYSICAL EXAMINATION

111

Bruce Jones

14691

GENERAL Age 33 Temp _____ Pulse _____ Respiration _____ Blood Pressure: Systolic 140 Diastolic 100 Weight 242

SKIN

Color
Moisture
Texture
Pigment
Echymoses
Petechiae

Eruption
Nails
Nodules
Hair
Other

negative

HEAD-EYES

Conjunctiva
Sclera
Cornea
Pupil
Movement
Nystagmus
Acuity

Fields
Proptosis
Exophthalmos
Lid lag
Tension
Dentomasticoid
Other

negative

EARS

Pinnae
Hearing
Discharge

Mastoid
Other

negative

NOSE

Alarve
Mucosa
Septum

Sinus tenderness
Transillumination
Other

negative

MOUTH

Oral cavity
Teeth
Gums

Tongue
Salivary ducts
Other

negative

THROAT

Tonsils
Pharynx

Postnasal drip
Other

negative

NECK

Stiffness
Masses
Thyroid

Vessels
Trachea
Other

swollen; no masses

LYMPH NODES

Cervical
Occipital
Suboccipital
Axillary

Inguinal
Epitrochlear
Other

no adenopathy

CHEST

Shape
Symmetry

Respirations
Other

symmetrical; equal expansion

BREAST

Masses
Discharge

Nipples
Other

negative

HEART

Apical impulse
Thrill
Pulsation
Shock
Rate
Rhythm

Scrub M
A2
P2
Third
Murmurs
Gallop
Friction
Other

PSR; no

LUNGS

Fremitus
Percussion
Breath sounds
Adventitious sounds

Spoken voice
Whispered voice
Other

clear - P & A

(over)

EXHIBIT 17

PHYSICAL EXAMINATION (Continued)

112

BLOOD VESSELS

Pulses: Vessel size
Quality: Other

negative

ABDOMEN

Contour: Liver
Peristalsis: Kidneys
Scars: Spleen
Tenderness: Hernia
Systolic: Rigidity
Mucous: Other
Fluid:

obese, soft, no tenderness, - + S
not palpable

GENITALIA - MALE

Scars: Epididymis
Erections: Testes
Discharge: Other
Scurum:

normal

GENITALIA - FEMALE

External: Adhesions
Vagina: Discharge
Cervix: Other
Uterus:

—

RECTAL

Fissure: Prostate
Fistula: Seminal vesicles
Hemorrhoids: Sigmoid
Schneider: Other
Masses:

negative

JOINTS - JOINTS - MUSCLES

Deformities: Tenderness
Swelling: Limitation
Redness: Other

negative

EXTREMITIES

Color: Ulcers
Edema: Varicosities
Tremor: Other
Clubbing:

negative

NEUROLOGICAL

Cranial nerves: Gait
Motor: Vibratory
Coordination: Romberg
Reflexes: Other
Sensory:

negative

SUMMARY:

History of accident + injury to L-5 spine
1966. Low back pain - off + on
since
Very obese male

Hx: ① Low Back Pain Syndrome
② Exogenous Obesity
③ Hx Ess. HBP N

IMPRESSIONS

Lab ① L-5 spine Xray
② Chest Xray
③ EKG
④ Routine Tests

W = 2 weeks

Examined by: (Signature of examining physician)

Attending Physician: (Signature) M.D.

EXHIBIT 17² (ID THE BACK)

Brown, John

Family Name

First Name

D.O.B.

Hoso. No.

DATE

NOTES

1/30/74 Rx. ① Kefauin 750 mg QID
② Dexam 4mg QID
③ Vali 5 mg TID

RN = 2 weeks

[Signature]

2/1/74

WT = 242 lbs BP 160/90

much improved no more complaints
offered P.E. also unchanged
Patient states now that he has diabetes
& attending Prange & Herz.
T.B.S. 18.5 mg %

Rx.

① DM.

② Exogenous Obesity

③ Low Back Pain Syndrome

Rx.

① Ointment 0.5% TID

② 1800 cal. diet

③ Kefauin, Dexam
& Vali

20 ORTHOPEDIC

20 DIETITIAN

EXHIBIT 173

RN = 4 weeks

[Signature]

114

X-RAY REPORT

Family Name <i>Brown</i>	First Name <i>Jose</i>	Home Phone	Room No.	Med No. <i>01-14696</i>
Address		Occupation	Sex <i>M</i>	Age—Years <i>11733</i>
Attending Physician <i>Roman</i>			Date <i>1/30/74</i>	O.P.D. No.

Submitted for (Please check) X-ray film ☐ Stereo ☐ Fluoroscopic exam. ☐ Complete exam. ☐ Discretion of Radiologist ☐ Treatment ☐

Dressings may ☐ may not ☐ be removed

Previously rayed _____

Clinical Summary

Suspected pathology

Low Back Pain Syndrome Ess Hpn
Chest & L-S spine

Attending Physician

Roman (HH) M.D.

Chest:

Findings

- normal heart and lungs

L.S. Spine:

- marked narrowing of the T12-L1 disc space accompanied by osteophytic bridging of the margins of the adjacent vertebral bodies and minimal irregularity of the upper end plate of L1 (Schmorl's node?)
- intact remaining visualized disc spaces, vertebral bodies and posterior vertebral elements
- increased kyphosis at the thoraco-lumbar junction
- patent sacro-iliac joints

EXHIBIT 17⁴

Signature of Roentgenologist

M.D.

Bruno Jose

X-RAY REPORT

115

Do 08/19/40

Family Name	First Name	Home Phone	Room No.	Med. No.
				01-14696
Address		Occupation	Sex	Age—Years
943 Bre-ell Bulwark			M	33
Attending Physician		Date	X-Ray No.	O.P.D. No.
(1) Dr. Weber - Hqs		2-28-74	11733	
② LAT Spine flexion + extension				

Submitted for (Please check) X-ray film ☐ Stereo ☐ Fluoroscopic exam. ☐ Complete exam. ☐ Discretion of Radiologist ☐ Treatment ☐

Dressings may ☐ may not ☐ be removed

Previously rayed

Clinical Summary

Cramp-like spasm of - hip & pain in
both legs

Suspected pathology

Attending Physician

Dr. Weber

M.D.

Findings

- hip joint spaces are well maintained
- articular surfaces are smooth
- osseous structures are intact

8/19/40



EXHIBIT 17^s

Signature of Roentgenologist

M.D.

12/5/74

WT: 244 lb.

BP: 140/104

116

Complain of headache & dizziness.
for past few days. No other assoc

STS

PE. ess unchanged.

VDRL: $\oplus 1:1$

Lab ① FTA

BEST COPY OBTAINABLE

② Rquest SMA-12 (fasting)

Rx. DM

Ess HPW

Glucosy

% Late latent Les

Low Back Pain Syndrome

Rx. ① Pseudo Ointment O.S. & T.D.

② Kinesio Taping, Laminar CT
& Valin S

③ Laxix to $\rightarrow$ C.D.

RV. 4 wks

1/25/74

WT: 243 lb.

BP 150/100

No new complaint. Following made
well

FTA negative VDRL - $\rightarrow$ negative

PE. ess unchanged.

Di. Same

Remains above $\rightarrow$ levels of 10/10/74

12/5-5-74

RV. $\rightarrow$ $\rightarrow$ $\rightarrow$

$\rightarrow$ $\rightarrow$ $\rightarrow$

EXHIBIT 17⁶

DOCTORS CONTINUATION SHEET

117

NAME

DATE OF BIRTH

TODAY'S DATE

CHART #

James J. J.

5/24/74

WT 200

BP = 150/100

no complaints also in
- following at ARTHO Clinic in house
pain

PE exam stable

Lab C Report SMA-12

2x

BEST COPY OBTAINABLE

Rx: (1) D/C Laxative - Lergonil

(2) Ser. Ag. Es i.t.d. TID

(3) Valium 5mg TID

(4) Quinase 0.5g TID

(5) Robaxin 750mg QID

(6) Dexam 65mg QID

W. as well

6/5/74

Insurance for full and regarding
his present illness & medication.

no new complaints

X-ray same as before

EXHIBIT

17

PHYSICIAN'S ORDERS AND PROGRESS NOTES

Family Name BuxoFirst Name JaneD.O.B. 8/17/40Chart No. 01-10426Date 6/14/74

ORDERS

Date .

PROGRESS NOTES

WT: 250 lbs.

BP: 140/90

Occ. headache + dizziness, otherwise
feels better.

P.E. is stable.

Rx:

Ess HBN

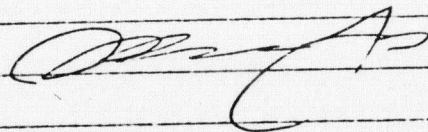
DM

Obesity

Low Back Pain Syndrome

- Rx: ① Renew Ser-Ap-Es 1st tab TID
 ② Renew Valium 5mg TID
 ③ Increase Quinase to 1 lb BID
 ④ Renew Dantrolene 65mg +
 Colace 750mg PRN

PR. on watch


EXHIBIT 17⁸

Physician's order & progress notes

PHYSICIAN'S ORDERS AND PROGRESS NOTES

Family Name First Name D.O.B. Chart #
Brown Jane 10/5/22

Date ORDERS Date PROGRESS NOTES

BEST COPY OBTAINABLE

7/24/41 wt 242 BP 140/100

Regular follow up no new complaints
except for occasional pulsating occipital
headaches at night - last few minutes
no other assoc S+S

P.E. essentially stable

Dr.

Same as before

Please call needs

W. as with

[Signature]

SMA-12

9/4/41 wt - 245 lbs BP = 140/100

No new complaints at this time
regular follow up
P.E. stable

WBS 255 - 10/11/41

Dr. Brown

Dr. ① Please see needs

EXHIBIT 179

② add S+S

③ bring down

physicians orders and progress notes

W. as with

[Signature]

120

BRUNO, Jose X-RAY REPORT

DOB - 8/19/40

Family Name <i>Bruno</i>	First Name <i>Jose</i>	Home Phone <i>329-1484</i>	Room No. <i>5th</i>	Hotel No. <i>014696</i>
Address <i>943 Brighton Blvd.</i>		Occupation	Sex ☒ M ☐ F	Age—Years <i>34</i>
Attending Physician <i>Labat</i>		Date <i>7/31/82</i>	X Ray No. <i>11733</i>	C.P.D. No.

Submitted for (Please check) X-ray film ☐ Stereo ☐ Fluoroscopic exam. ☐ Complete exam. ☐ Discretion of Radiologist ☐ Treatment ☐Dressings may ☐ may not ☐ be removed

Previously rayed

Clinical Summary

Suspected pathology

Attending Physician

M.D.

Findings

- compression deformity of the anterior portion of the body of L1 most probably as result of old compression fracture

- the T12-L1 disc space is narrowed and osteophyte formation is seen in the margins of the adjacent vertebral bodies

- no other abnormalities

- unchanged from 1-31-74

BERNARD GHELMAN, M.D.

EXHIBIT

17¹⁰

Signature of Roentgenologist

M.D.

PHYSICIAN'S ORDERS AND PROGRESS NOTES

Bussard, Joe 8/19/40 01-14696
 Family Name First Name D.O.B. Chart No.

Date 10/9/40 ORDERS Date PROGRESS NOTES

B.P. = 150/100

Rebut's (S.M.A.) Tension (on (Diazin D.D) & DBI-TD, admits
 to spilling 2-3+)

Yours (D.D) Tension (on (Diazin D.D) & DBI-TD)

(1) Tension & Rebut's Tension (on (Diazin D.D) & DBI-TD)

(2) H. Tension (on (Diazin D.D) & DBI-TD)

(4) R.T. in Tension

10/11/40 B.P. - 150/100 Wt. 247 lbs.

No new complaints Discharge out of
 control. FBS. 200 mg % urine 3+ ab.

4+ sugar

P.E. 200 stable

200 Same

B. (D) Tension (on (Diazin D.D) & DBI-TD (2 g/day)

(1) Tension (on (Diazin D.D) & DBI-TD - 50 mg DBI-TD

(2) Tension (on (Diazin D.D) & DBI-TD - 50 mg DBI-TD

(3) Tension (on (Diazin D.D) & DBI-TD - 50 mg DBI-TD

EXHIBIT 17"

PV = 2 wks

Physician's order & progress notes

8719/40

01-14696

BRUNO, JOSE

MED-047-3

1/30/74

122

PHYSICIAN'S ORDERS AND PROGRESS NOTES

Bruno Jose

10696

Family Name

First Name

D.O.B.

Chart No.

Date

ORDERS

Date

PROGRESS NOTES

10/25/74

BP = 140/94

Still having low back pain for past
several days, frequent micturition - 2 days
no dysuria.

P.E. eos. unchanged

X: eos. HxK!

DM

Elevated

Low Back Pain Syndrome

Rx. Review same meds as of 10/11/74

PU: - - - - -

10/29/74 Check SINA today & Hbinc

BP = $\frac{160}{100}$

Kussmaul's Triad BID & BB-BBID

*SERAPES TID

RTCA 3000

EXHIBIT

17

Physician's order & progress notes

8/19/40

01-14696

BRUNG, JOSE

X-RAY REPORT

DOB- 8/19/40

Family Name BRUNG, JOSE	Home Phone	Room No.	Hold No. 01-14696
Address 1/30/74	Occupation	Sex M F	Age-Years
Attending Physician	Date 12/14/74	X Ray No. 11733	O.P. No.

123

Submitted for (Please check) X-ray film ☒ Stereo ☐ Fluoroscopic exam. ☐ Complete exam. ☐ Discretion of Radiologist ☐ Treatment ☐Dressings may ☐ may not ☐ be removed ☐ Previously rayed ☒Clinical Summary *1 view in Left Heel*Suspected pathology *R/o Osteoarthritis Changes of Talocalcaneal Joints**& Spurs*Attending Physician *F. R. Jones* M.D.

Findings

- moderate spur formation in the inferior aspect of the os calcis
- small calcific fragments are noted at the level of the plantar fascia (previous trauma?)

BERNARD GREEN, M.D.

EXHIBIT

17¹³

M.D.

Signature of Roentgenologist

ELECTROCARDIOGRAM REQUEST

AT 01-14696 E.K.G. #

PATIENT'S NAME Bruno Jose

DATE OF REQUEST 1/30/74 WARD OR SERVICE 208

SEX M AGE 34 B P 140/100

CARDIAC DX.

NON CARDIAC BY

PRIOR ECG AT HPMSC YES NO X IF YES, DATE

DIGITALIS QUINIDINE OTHER CARDIAC DRUGS

YES NO YES NO X

SPECIFY

Romana

M. D.

SIGNATURE

943 Bruckner Boulevard Apt. 4 D
Bronx, 10459 N.Y.ELECTROCARDIOGRAM
INTERPRETATION

Hunts Point Multi Service Center Corp.

RHYTHM REG. SINUS ☐ OTHER

INTERVALS PR QRS

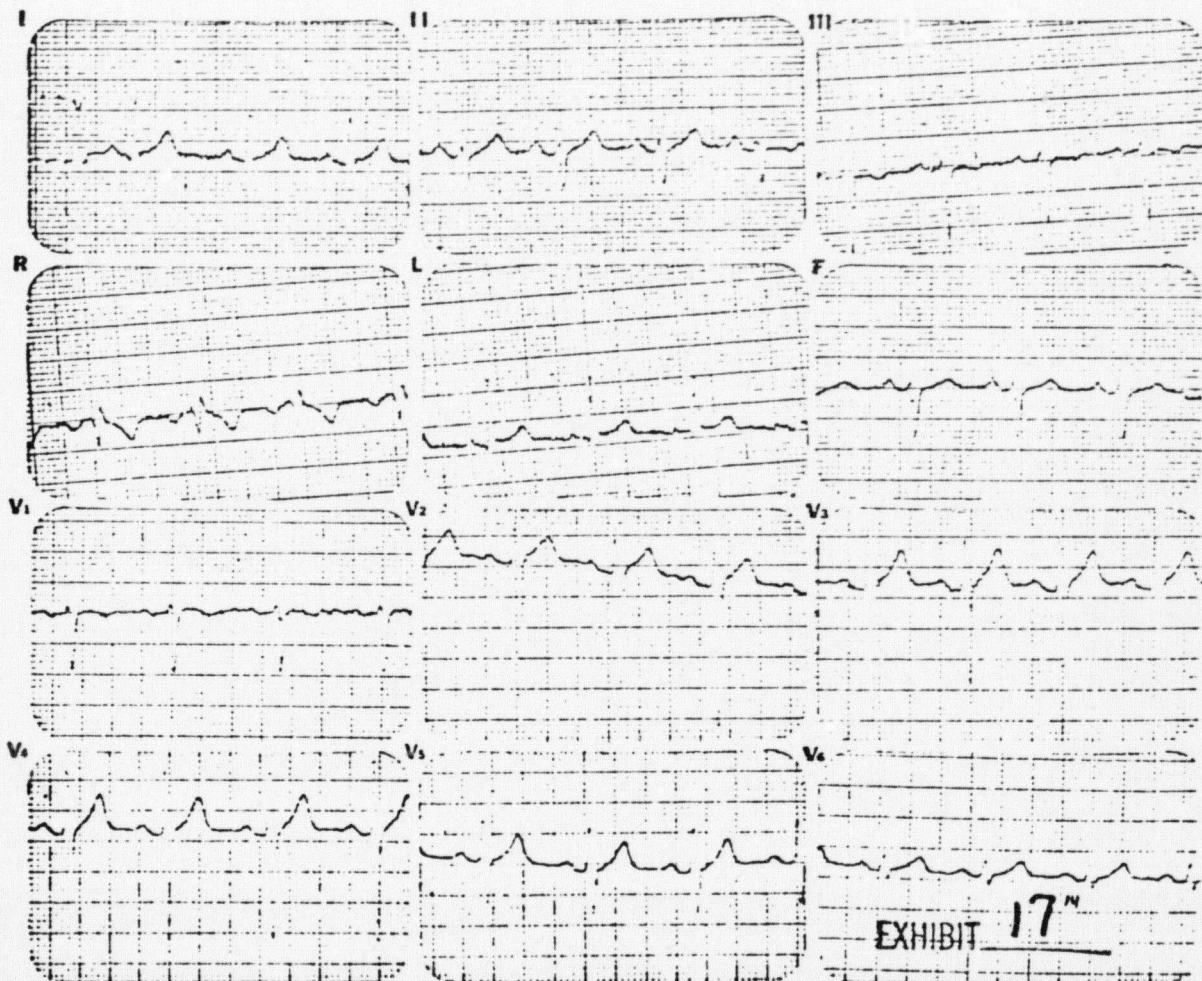
AXIS

.... 124

*Normal sine rhythm;
specific T changes in III + V,
transient zone at V6*

INTERPRETED BY

DATE 2/1/74 19

☐ RHYTHM STRIP ON BACKEXHIBIT 17^N

URINALYSIS

DIAGNOSIS 1-31-2

☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT
☐ VOIDED
☐ CATHETERIZED

Date Requisitioned _____
 Requisitioned By _____

CHECK DETERMINATION DESIRED

NAME Brundage 032759 J
 ROOM NO. _____
 ADDRESS 943 Brundage Blvd
 CITY 8-19-40 125
 PHYSICIAN Roman
 DATE 1-31-74 01-14696

V	TEST	RESULT	V	TEST	RESULT	V	TEST	RESULT	V	24 HOUR SPECIMEN
	Routine	<u>Clear</u>		Diacetic Acid			WBC			TOTAL VOLUME
	Color	<u>2.5.10</u>		Bile			Bacteria			Albumin mg % gms
	Reaction (pH)	<u>6.0</u>		Urobilinogen			Crystals			Sugar mg % gms
	Sp. Gravity	<u>1.025</u>		Sediment			Occult Blood			P S P Test
	Albumin	<u>neg.</u>		Cells						
	Sugar	<u>st</u>		Ep. Cells	<u>plus</u>					
	Acetone	<u>+</u>		RBC						

PHYSICIANS RECORD CO., BLANTYRE, ILLINOIS - PRINTED IN U.S.A. URINALYSIS

MEDICAL RECORD

TECHNICON® DATA CONVERTER

TEST	CONC	UNITS
SGOT/340	<u>(99)</u>	7.40 mU/ml
LDH	<u>180</u>	100 U/L
Alk. Phos.	<u>77</u>	30.85 mU/ml
T. Bil.	<u>.80</u>	0.15.10 mg%
Alb.	<u>5.1</u>	3.5.50 gm%
T.P.	<u>8.2</u>	6.0.80 gm%
Chol.	<u>230</u>	150.300 mg%
Uric Acid	<u>8.3</u>	25.80 mg%
BUN	<u>15.0</u>	10.20 mg%
Glucose	<u>(185)</u>	65.110 mg%
Inor. Phos.	<u>3.6</u>	2.5.45 mg%
Ca++	<u>10.3</u>	10.3 mg%

TECHNICON ID# NO. 1-31-2 DOCTOR Roman
 SIO NO. SMA NO. 8-19-40
 NAME Brundage
 ADDRESS 943 Brundage Blvd
 CITY 8-19-40
 PHYSICIAN Roman

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 TECHNICON CHART NO. 017-0104-00E

EXHIBIT 17^{is}

HEMATOLOGY

1-31-2

DIAGNOSIS
CBC-S-CSE

☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT

Date Requisitioned _____
Requisitioned By _____

CHECK DETERMINATION DESIRED

V	TEST	RESULT	V	TEST	RESULT	V	TEST	RESULT	TEST	RESULT
	EEG	5.56		Sed Rate	10 M/M		Color Index		Serum Iron	
	Hemoglobin	17.7 gms		Clotting Time			MCV		Comments:	
	Hematocrit	50 %		Clot Retraction			MCH		SC - 1/24	
	Reticulocytes			Bleeding Time			MCHC			
	WBC	7200		Platelets			Prothrombin	Control	SEC	TECHNOLOGIST
	Schilling	Count		Basos	Eosins	Segs	Stabs	Myelos	Juven	Lymphs
	Differential									
							Time	Patient	SEC	DATE REPORTED
								Activity	%	

Form MCD-712

PHYSICIANS' RECORD CO., ST. LOUIS, ILLINOIS - PRINTED IN U.S.A.

HEMATOLOGY

005331 G

NAME Bruno Jones
ROOM NO. 943
ADDRESS Buckner Blvd
CITY St. Louis
STATE MO
ZIP 63104
DATE 1-31-74

MISCELLANEOUS - LAB.

1-31-2

DIAGNOSIS

☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT

Date Requisitioned _____
Requisitioned By _____

SPECIMEN Fatig

TEST REQUIRED:

REPORT: Negative

TECHNOLOGIST J. A.

DATE REPORTED 8-2-74

Form MCD-723

PHYSICIANS' RECORD CO., ST. LOUIS, ILLINOIS - PRINTED IN U.S.A.

MISCELLANEOUS - LAB.

005331 F

NAME Bruno Jones
ROOM NO. 943
ADDRESS Buckner
CITY St. Louis
STATE MO
ZIP 63104
DATE 1-31-74

MISCELLANEOUS - LAB.

1-31-2

DIAGNOSIS

☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT

Date Requisitioned _____
Requisitioned By _____

SPECIMEN VORI

TEST REQUIRED:

REPORT: Positive 1+

TECHNOLOGIST J. A.

DATE REPORTED 2-2-74

Form MCD-723

PHYSICIANS' RECORD CO., ST. LOUIS, ILLINOIS - PRINTED IN U.S.A.

MISCELLANEOUS - LAB.

005331 F

NAME Bruno Jones
ROOM NO. 943
ADDRESS Buckner
CITY St. Louis
STATE MO
ZIP 63104
DATE 1-31-74

EXHIBIT 17

MISCELLANEOUS--LAB.

3-27-1

DIAGNOSIS

113745 J

NAME Bruno Jones

ROOM NO 943

ADDRESS 127

DATE 8-19-40

PHYSICIAN R. Jones

DATE 3-27-74

01-14696

IF IMPRINT PLATE NOT USED PRINT HERE

ROUTINE

PREOP.

EMERGENCY

OUTPATIENT

Date Requisitioned

Requisitioned By

SPECIMEN: LOR 1

TEST REQUIRED:

REPORT: Not reactive

TECHNOLOGIST

DATE REPORTED 3-29-74

FORM MCD-723

PHYSICIANS RECORD CO., BERNY, ILLINOIS - PRINTED IN U.S.A.

MISCELLANEOUS-LAB.

MEDICAL RECORD

BLOOD CHEMISTRY - 1

3-27-1

DIAGNOSIS

074895 N

NAME Bruno Jones

ROOM NO 943

ADDRESS 127

DATE 8-19-40

PHYSICIAN R. Jones

DATE 3-27-74

01-14696

IF IMPRINT PLATE NOT USED PRINT HERE

ROUTINE

PREOP

EMERGENCY

OUTPATIENT

Date Requisitioned

Requisitioned By

CHECK DETERMINATION DESIRED

TEST	NORMAL VALUE	RESULT	TEST	NORMAL VALUE	RESULT	TEST	NORMAL VALUE	RESULT	TEST	NORMAL VALUE	RESULT
Amylase			Glucose		299	Protein Bound Iodine			Transaminase SGP		
Calcium		10.3	LDH		190	Sodium			Urea Nitrogen		13.0
Chlorides			Nonprotein Nitrogen			Total Protein		8.5	Uric Acid		2.0
Cholesterol, Total		317	Phosphatase, Acid		90	Albumin		6.1	TIME BLOOD COLLECTED		
Cholesterol, Esters			Phosphatase, Alk		3.6	Globulin			TECHNOLOGIST		
CO ₂ Capacity			Phosphorus			A/G Ratio			DATE REPORTED		
Bili		1.95	Potassium			Transaminase SGO		97			

FORM MCD-729

PHYSICIANS RECORD CO., BERNY, ILLINOIS - PRINTED IN U.S.A.

BLOOD CHEMISTRY

MEDICAL RECORD

EXHIBIT 17"

URINALYSIS

DIAGNOSIS

- ☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT
☐ VOIDED
☐ CATHETERIZED

Date Requisitioned _____

Requisitioned By _____

CHECK DETERMINATION DESIRED

V	TEST	RESULT	V	TEST	RESULT	V	TEST	RESULT	V	24 HOUR SPECIMEN
	Routine	Clear		Diabetic Acid			W.B.C.			TOTAL VOLUME
	Color	lt. Yell		Bile			Bacteria			Albumin mg % gms
	Reaction (pH)	6		Urobilinogen			Crystals			Sugar mg % gms
	Sp. Gravity	1.027		Sediment			Occult Blood			P.S.P. Test
	Albumin	neg		Casts						
	Sugar	g		Ep. Cells	seeds					
	Acetone	neg		RBC						

Form MCD-711

PHYSICIANS RECORD CO., BLOOMING, ILLINOIS - PRINTED IN U.S.A.

URINALYSIS

MEDICAL RECORD

BLOOD CHEMISTRY - 1

DIAGNOSIS

- ☒ AMF
☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT

Date Requisitioned _____

Requisitioned By _____

CHECK DETERMINATION DESIRED

V	TEST	NORMAL VALUE	RESULT	V	TEST	NORMAL VALUE	RESULT	V	TEST	NORMAL VALUE	RESULT	V	TEST	NORMAL VALUE	RESULT
	Amylase				Glucose	240			Protein Bound Iodine				Transaminase SGPT		
	Calcium	9.7			LDH	205			Sodium				Urea Nitrogen	9.0	
	Chlorides				Nonprotein Nitrogen				Total Protein	7.7			Uric Acid	5.7	
	Cholesterol, Total	265			Phosphatase, Acid				Albumin	5.5			TIME TO COAGULATE		
	Cholesterol, Esters				Phosphatase, Alk	90			Globulin				TECH		
	CO ₂ Capacity				Phosphorus	2.6			A/G Ratio						
	Creatinine	.50			Potassium				Transaminase SGO	85					

Form MCD-729

PHYSICIANS RECORD CO., BLOOMING, ILLINOIS - PRINTED IN U.S.A.

BLOOD CHEMISTRY - 1

MEDICAL RECORD

FILL IN THESE ITEMS

Patient (Please Print or Type) **Bruno Jose** Age **34** Sex **M**
 Address **943 Bruckner** Boro **Bronx** Zone **-**
 Purpose of Specimen (Please Check)
☒ Diagnosis ☐ Treatment ☐ Premarital ☐ Prenatal Date Submitted **3/29/64**

SEROLOGIC TEST FOR SYPHILIS—Name of Patient Must Appear on Tube

RESULTS—See Other Side
 V.D.R.L.
☒ Nonreactive ☐ Weakly Reactive
☐ Reactive—Titer 1
 Fluorescent Treponemal Antibody—Absorbed
☒ Nonreactive ☐ Weakly Reactive
☐ Reactive
 Dr. **Romana** (Please Print or Type)
 Address **Hunts Point Mall-Service Corp. Bronx** Boro **10455** Zone **-**
 Bureau of Laboratories—Department of Health—The City of New York
 455 First Avenue, New York, N. Y. 10016

226N (Rev. 7/64) BROM-70100-100-114

BLOOD CHEMISTRY - 1

DIAGNOSIS SMA 12/60

☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT

Date Requisitioned _____
 Requisitioned By _____

CHECK DETERMINATION DESIRED

IF IMPRINT PLATE NOT USED
 PRINT HERE

NAME Bruno Jose 114196 T
 ADDRESS 943 Buckner Ave.
 CITY 8-19-40 STATE 129
 PHYSICIAN Ramona
 DATE 7-29-74 CI-14696

V	TEST	NORMAL VALUE	RESULT	TEST	NORMAL VALUE	RESULT	TEST	NORMAL VALUE	RESULT	TEST	NORMAL VALUE	RESULT
	Amylase		9.6	Glucose		255	Protein Bound Iodine			Transaminase SGP		
	Calcium			Nonprotein Nitrogen		25	Sodium			Urea Nitrogen		10
	Chlorides			Phosphatase, Acid		25	Total Protein		7.6	Uric Acid		5.7
	Cholesterol, Total		255	Phosphatase, Alk		25	Albumin		6.6	TIME BLOOD COLLECTED		
	Cholesterol, Esters			Phosphorus		2.8	Globulin			TECHNOLOGIST		
	CO ₂ Capacity		0.1	Potassium			A/G Ratio			DATE REPORTED		
	Creatinine		0.6				Transaminase SGO		74			

Form MCD-729

PHYSICIANS' RECORD CO., BERNY, ILLINOIS - PRINTED IN U.S.A.

BLOOD CHEMISTRY - 1

MEDICAL RECORD

URINALYSIS

DIAGNOSIS 7-29-4

☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT
☐ VOIDED
☐ CATHETERIZED

Date Requisitioned _____
 Requisitioned By _____

CHECK DETERMINATION DESIRED

IF IMPRINT PLATE NOT USED
 PRINT HERE

NAME Bruno Jose
 ADDRESS 943 Buckner Ave
 CITY 8-19-40
 PHYSICIAN Ramona
 DATE 7-29-74 CI-14696

V	TEST	RESULT	V	TEST	RESULT	V	TEST	RESULT	V	24 HOUR SPECIMEN
	Routine	Clear		Diabetic Acid			W.B.C.			TOTAL VOLUME
	Color	Yellow		Bile			Bacteria			Albumin mg % gms.
	Reaction (pH)	6		Urobilinogen			Crystals			Sugar mg % gms.
	Sp. Gravity	1.029		Sediment			Occult Blood			P.S.P. Test
	Albumin	None		Cells						
	Sugar	+++		Ep. Cells	few					
	Acetone	Reg		RBC			TECHNOLOGIST			DATE REPORTED

Form MCD-711

PHYSICIANS' RECORD CO., BERNY, ILLINOIS - PRINTED IN U.S.A.

URINALYSIS

MEDICAL RECORD

URINALYSIS

DIAGNOSIS 10-4-7

☐ ROUTINE
☐ PREOP.
☐ EMERGENCY
☐ OUTPATIENT
☐ VOIDED
☐ CATHETERIZED

Date Requisitioned _____
 Requisitioned By _____

CHECK DETERMINATION DESIRED

IF IMPRINT PLATE NOT USED
 PRINT HERE

NAME Bruno Jose
 ADDRESS 943 Buckner
 CITY 8-19-40
 PHYSICIAN P. B. B. EXHIBIT 17
 DATE 10-4-74 CI-14696

V	TEST	RESULT	V	TEST	RESULT	V	TEST	RESULT	V	24 HOUR SPECIMEN
	Routine	Clear		Diabetic Acid			W.B.C.			TOTAL VOLUME
	Color	Yellow		Bile			Bacteria			Albumin mg % gms.
	Reaction (pH)	6		Urobilinogen			Crystals			Sugar mg % gms.
	Sp. Gravity	1.042		Sediment			Occult Blood			P.S.P. Test
	Albumin	+++		Cells						
	Sugar	+++		Ep. Cells	few		TECHNOLOGIST			DATE REPORTED
	Acetone			RBC						

Form MCD-711

PHYSICIANS' RECORD CO., BERNY, ILLINOIS - PRINTED IN U.S.A.

URINALYSIS

MEDICAL RECORD